Theravance Biopharma, Inc.

Form 4

October 07, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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response...

Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * GLAXOSMITHKLINE PLC

2. Issuer Name and Ticker or Trading Symbol

Theravance Biopharma, Inc. [TBPH]

5. Relationship of Reporting Person(s) to

Issuer

(Last)

(Instr. 3)

Shares

(First)

(Street)

(Zip)

(Month/Day/Year)

(Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

Filed(Month/Day/Year)

Code

(Instr. 8)

Director 10% Owner _ Other (specify Officer (give title

(Check all applicable)

10/07/2015

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

below)

BRENTFORD. MIDDLESEX,, X0 TW8 9GS

980 GREAT WEST ROAD

(City) (State) 1.Title of 2. Transaction Date 2A. Deemed (Month/Day/Year) Security

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities Acquired (A) or Execution Date, if TransactionDisposed of (D)

(A)

or

(Instr. 3, 4 and 5)

5. Amount of 6. Securities Beneficially

7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)

Following Reported (I) Transaction(s) (Instr. 4)

(Instr. 3 and 4)

Ι

Ordinary 10/07/2015 Code V Amount (D) P

8,343,792 607,543,62

Owned

By Corporation (2)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Price

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1.	Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
D	erivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
S	ecurity	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(I	nstr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
,		Derivative				Securities	Securities		(Instr. 3 and 4)		Owne	
		Security				Acquired						Follo
		•				(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						`
						4, and 5)						
						, ,						
										Amount		
						Date	Expiration		or			
							Exercisable	Date	little Ni	Number		
										of		
					Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Nauress	Director	10% Owner	Officer	Other			
GLAXOSMITHKLINE PLC							
980 GREAT WEST ROAD		X					
BRENTFORD, MIDDLESEX,, X0 TW8 9GS							

Signatures

/s/ Victoria Whyte, Company 10/07/2015 Secretary

**Signature of Reporting Person Date

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Ordinary shares purchased pursuant to the right of Glaxo Group Limited ("GGL"), an indirect wholly owned subsidiary of the Reporting Person, under Section 2.1(d)(ii) of the Governance Agreement by and among Theravance Biopharma, Inc. (the "Issuer") and GGL, dated

- (1) as of March 3, 2014. Pursuant to Section 2.1(d)(ii), GGL has the right to purchase from the Issuer, on a quarterly basis, sufficient ordinary shares to maintain its ownership percentage in the Issuer taking into account the preceding quarter's option exercise and equity vesting activity.
- (2) Ordinary Shares are held of record by GGL, an indirect wholly owned subsidiary of the Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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