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Aguiar Michae	el W											
Form 4												
May 31, 2012												
FORM	Δ								OMB AF	PROVAL		
	UNITE	ED STATE		RITIES A shington,			IGE C	COMMISSION	OMB Number:	3235-0287		
Check this if no longer	r								Expires:	January 31, 2005		
subject to Section 16.							VERSHIP OF	Estimated a burden hour	verage			
Form 4 or									response	0.5		
Form 5		^					•	e Act of 1934,				
obligations may contin					-			1935 or Section	ı			
See Instruct 1(b).		30(h)) of the Ir	ivestment	Company	y Act	of 194	.0				
(Print or Type Re	sponses)											
			Symbol	2. Issuer Name and Ticker or Trading Symbol THERAVANCE INC [THRX]				5. Relationship of Reporting Person(s) to Issuer				
			THERA					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date o	f Earliest Tr	ansaction							
		(Month/Day/Year)				Director	10% Owner					
THERAVAN			05/29/2	/29/2012				XOfficer (give titleOther (specify below) below)				
GATEWAY I	BOULEVAI	RD						Sr VP, Chi	ef Financial Of	ficer		
(Street)			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				Filed(Month/Day/Year)				Applicable Line)				
								_X_Form filed by O				
SOUTH SAN								Person	lore than One Rej	porting		
FRANCISCO	, CA 94080											
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative S	Securit	ties Acq	uired, Disposed of	, or Beneficiall	y Owned		
	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any (Month/Day/Y			ate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price \$	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)			

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

S

Common

Stock

05/29/2012

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

157,924

D

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

20,000 D

22.29

(1)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Aguiar Michael W THERAVANCE, INC. 901 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080				Sr VP, Chief Financial Officer					
Signatures									
Michael W. Aguiar 0	5/31/2012								
<u>**</u> Signature of	Date								

**Signature of Reporting Person

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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).
- This transaction was executed in multiple trades at prices ranging from \$21.99 to \$22.84. The price reported above reflects the weighted
 (1) average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer, full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

Dispositions made pursuant to a plan intended to comply with rule 10b5-1(c).

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.