Edgar Filing: BLUM LEONARD M - Form 4

BLUM LEONA	RD M									
Form 4										
August 01, 2012										
FORM 4	L						~ ~ ~ ~ ~ ~ ~ ~ ~ ~	OMB AP	PROVAL	
	UNITED STA	ATES SECURIT Washin	IES AND Igton, D.(E CON	IMISSION	OMB Number:	3235-0287	
Check this bo if no longer	X							Expires:	January 31,	
subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average			
Section 16.							burden hours per			
Form 4 or Form 5	P'1 , 1	at the Charting 1((a)	f. 41 C.	•.•	F 1		- f 1024	response	0.5	
obligations	^	nt to Section 16(a) of the Public Utility				•				
may continue See Instructio 1(b).	•	30(h) of the Invest		· •	•		55 of Section			
(Print or Type Resp	onses)									
BLUM LEONARD M Symbol							5. Relationship of Reporting Person(s) to Issuer			
							(Check all applicable)			
(Last)	(First) (Midd	le) 3. Date of Ear	liest Transa	ction			(Check			
(Month/Day/Y			'ear)				_ Director 10% Owner			
THERAVANCE, INC., 901 07/30/2012 GATEWAY BOULEVARD			XOfficer below)				COfficer (give tow)	ive title Other (specify below)		
GAIEWAY BU	JULEVARD						Sr VP, Ch	ief Comm. Off	icer	
(Street) 4. If Amendm			ent, Date Original 6. Individu				ndividual or Joi	or Joint/Group Filing(Check		
Filed(Month/D							icable Line) Form filed by One Reporting Person			
SOUTH SAN							Form filed by O			
FRANCISCO, O	CA 94080					Pers				
(City)	(State) (Zip) Table I -	Non-Deriv	ative Secu	irities	Acquire	d, Disposed of,	or Beneficiall	y Owned	
1.Title of Security	2. Transaction Dat	e 2A. Deemed	3.	4. Securi	ties Ac	quired	5. Amount of	6.	7. Nature	
(Instr. 3)	(Month/Day/Year)	Execution Date, if	· · · · · · · · · · · · · · · · · · ·				Securities	Ownership Form:	of Indirect	
		any (Month/Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)			5)	Beneficially Owned	Direct (D)	Beneficial Ownership	
		· · ·					Following	or Indirect	(Instr. 4)	
					(A)		Reported Transaction(s	(I)) (Instr. 4)		
			Cod V	A	or	D.:'	(Instr. 3 and 4			
				Amount	(D)	Price \$				
CommonStock	07/30/2012		F	7,546	D	¢ 29.69	279,386	D		

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

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.

 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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			
BLUM LEONARD M			Sr VP,				
THERAVANCE, INC.			Chief				
901 GATEWAY BOULEVARD			Comm.				
SOUTH SAN FRANCISCO, CA 94080			Officer				
• • •							

Signatures

Leonard M. 08/01/2012 Blum

<u>**</u>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).

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.