Theravance Biopharma, Inc.

Form 4 July 23, 2014

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **GALA RENEE D** 

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

Issuer

Theravance Biopharma, Inc. [TBPH]

(Check all applicable)

(First) (Last)

3. Date of Earliest Transaction

(Month/Day/Year)

4. If Amendment, Date Original

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

C/O THERAVANCE BIOPHARMA US, INC., 901 GATEWAY BLVD

(Street)

07/21/2014

below) below) **SVP-Finance** 

(Middle)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

**SOUTH SAN** FRANCISCO, CA 94080

(City) (State) (Zip) 1. Title of

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following

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

Reported (A) Transaction(s)

or (Instr. 3 and 4) Code V Amount (D) Price

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.

SEC 1474 (9-02)

(Instr. 4)

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

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date** 

7. Title and Amount of 8 Underlying Securities

#### Edgar Filing: Theravance Biopharma, Inc. - Form 4

Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	) Acqu or Di (D)	rities uired (A) isposed or r. 3, 4,	(Month/Day/Year)		(Instr. 3 and 4)	
				Code	V (A	A) (D	) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 32.13	07/21/2014		A	85,0	000	<u>(1)</u>	07/20/2024	Common Stock	85,000

### **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

GALA RENEE D C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD SOUTH SAN FRANCISCO, CA 94080

**SVP-Finance** 

### **Signatures**

Renee D. Gala 07/23/2014

\*\*Signature of 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).

This option shall vest and become exercisable as follows: (a) with respect to the first 25% of the Company's shares subject to the option on July 21, 2015, subject to the optionee's continuous service through such date and (b) with respect to an additional 1/48th of the Company's shares subject to the option when the optionee completes each month of continuous service thereafter. The option shall be fully vested and exercisable on July 21, 2018 provided the optionee remains in continuous service with the Company through such date.

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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