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PASQUALO	ONE FRANK									
Form 4										
August 22, 2	2018									
FORM	ΙΔ							OMB AF	PPROVAL	
-	UNITED	STATES		RITIES A shington,			COMMISSION	OMB Number:	3235-0287	
Check th								Expires:	January 31,	
if no long subject to Section 1 Form 4 c		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expired: 200 Estimated average burden hours per response 0.			
Form 5 obligatio may com <i>See</i> Instr 1(b).	tinue. Section 17(a	a) of the 1	Public U	tility Hol	ding Con	•	e Act of 1934, f 1935 or Section 40	n		
(Print or Type]	Responses)									
1. Name and Address of Reporting Person * PASQUALONE FRANK (Last) (First) (Middle) C/O THERAVANCE BIOPHARMA US, INC., 901 GATEWAY BLVD			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
			Theravance Biopharma, Inc. [TBPH]				(Check all applicable)			
			3. Date of Earliest Transaction (Month/Day/Year) 08/20/2018				Director 10% Owner X Officer (give title Other (specify below) below) SVP, Chief Comm Ops Officer			
	(Street)			ndment, Da hth/Day/Year	-	I	6. Individual or Jo Applicable Line) _X_ Form filed by C	One Reporting Pe	rson	
SOUTH SA FRANCISC	AN CO, CA 94080						Form filed by M Person	Iore than One Re	porting	
(City)		(Zip)	Tabl	e I - Non-I	Derivative	Securities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8)		ies Acquired sposed of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		

Ordinary Shares 08/20/2018

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

F

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.

(Instr. 3 and 4)

D

222,075

Price

26.95

\$

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Code V Amount (D)

5,735 D

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		Date	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
PASQUALONE FRANK C/O THERAVANCE BIOPHARMA US, INC. 901 GATEWAY BLVD SOUTH SAN FRANCISCO, CA 94080				SVP, Chief Comm Ops Officer				
Signatures								
Frank								
Pasqualone	08/22/2018							
<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.