

Theravance Biopharma, Inc.  
Form 3  
March 09, 2016

# FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â WORBOYS PHILIP D  
(Last) (First) (Middle)

C/O THERAVANCE  
BIOPHARMA US, INC.,Â 901  
GATEWAY BOULEVARD  
(Street)

SOUTH SAN  
FRANCISCO,Â CAÂ 94080  
(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
03/01/2016

3. Issuer Name and Ticker or Trading Symbol  
Theravance Biopharma, Inc. [TBPH]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

\_\_\_ Director \_\_\_ 10% Owner  
\_\_X\_\_ Officer \_\_\_ Other  
(give title below) (specify below)  
SVP, Translational Science

6. Individual or Joint/Group Filing(Check Applicable Line)  
\_\_X\_\_ Form filed by One Reporting Person  
\_\_\_ Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security  
(Instr. 4)

2. Amount of Securities Beneficially Owned  
(Instr. 4)

3. Ownership Form:  
Direct (D)  
or Indirect (I)  
(Instr. 5)

4. Nature of Indirect Beneficial Ownership  
(Instr. 5)

Ordinary Shares

74,943

D Â

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

SEC 1473 (7-02)

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### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security  
(Instr. 4)

2. Date Exercisable and Expiration Date  
(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security  
(Instr. 4)

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership  
(Instr. 5)

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|                     |                    |       |                                  |          |                                                |
|---------------------|--------------------|-------|----------------------------------|----------|------------------------------------------------|
| Date<br>Exercisable | Expiration<br>Date | Title | Amount or<br>Number of<br>Shares | Security | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) |
|---------------------|--------------------|-------|----------------------------------|----------|------------------------------------------------|

## Reporting Owners

| Reporting Owner Name / Address                                                                                  | Relationships |           |                              |       |
|-----------------------------------------------------------------------------------------------------------------|---------------|-----------|------------------------------|-------|
|                                                                                                                 | Director      | 10% Owner | Officer                      | Other |
| WORBOYS PHILIP D<br>C/O THERAVANCE BIOPHARMA US, INC.<br>901 GATEWAY BOULEVARD<br>SOUTH SAN FRANCISCO, CA 94080 | Â             | Â         | Â SVP, Translational Science | Â     |

## Signatures

|                                        |            |
|----------------------------------------|------------|
| Corinna Liebowitz,<br>Attorney-in-Fact | 03/09/2016 |
| **Signature of Reporting Person        | Date       |

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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.  
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