## Edgar Filing: THERAVANCE INC - Form 4

THERAVAN	ICE INC											
Form 4												
April 27, 201	.5											
FORM	14										PROVAL	
	UNITE	D STATES				ND EXC D.C. 205		NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi				-						Expires:	January 31,	
if no long subject to	STATI	EMENT O	F CHAN	F CHANGES IN BENEFICIAL OWNERSHIP O					NERSHIP OF	Estimated average		
Section 1				SECU	RI	TIES				burden hours per		
Form 4 or	r									response		
Form 5	- · · ·							•	e Act of 1934,			
obligatior may conti	Section 1	7(a) of the	Public Ut	ility Ho	ldi	ng Com	pany	Act of	f 1935 or Section	n		
See Instru		30(h)	of the In	vestmen	t C	Company	Act	of 194	40			
1(b).												
(Print or Type R	Responses)											
1. Name and A	ddress of Reporti	ng Person <sup>*</sup>	2. Issuer	Name an	d 1	Ficker or T	Frading	g	5. Relationship of	Reporting Pers	son(s) to	
FRIEDMAN	I CATHY		Symbol				2	Issuer				
			THERA	VANCE	ΞI	NC [TH	RX]					
(Last)	3. Date of Earliest Transaction					(Check all applicable)						
(Last)	(First)	(Middle)			Tai	Isaction			_X_ Director	100	Owner	
THERAVA	NCE, INC., 95	1	(Month/Day/Year) 04/24/2015					_X_ Director 10% Owner Officer (give title Other (specify				
GATEWAY		1	04/24/20	515					below)	below)		
GITLWIT			4 70 1		_							
	(Street)		4. If Ame			e Original			6. Individual or Jo	oint/Group Filir	1g(Check	
	Filed(Mon	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
COLITILOA	NT								Form filed by M			
SOUTH SA									Person		1 0	
FRANCISC	O, CA 94080											
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	ecurit	ties Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.		4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	on Date, if Transaction(A) or Disposed of				l of	Securities	Form: Direct				
(Instr. 3)				Code (D) Instr. 8) (Instr. 3, 4 and 5)			-	•	(D) or	Beneficial		
		(Month/	Day/Year)	(Instr. 8)	)	(Instr. 3, 4	4 and 3	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
									Reported	(IIIsu. 4)	(1150.4)	
							(A)		Transaction(s)			
				Code	v	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					•	13,950						
0, 1	04/24/2015			Α		(1)	Α	<b>\$</b> 0	35,620	D		

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

Stock

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

(1)

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Na	Relationships						
	Director	10% Owner	Officer	Other			
FRIEDMAN CATHY THERAVANCE, INC. 951 GATEWAY BLVD SOUTH SAN FRANCIS	•	X					
Signatures							
/s/ Catherine J Friedman	04/27/2015						
**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).
- The Reporting Person was granted restricted stock units ("RSUs"). 100% of the RSUs will vest at the sooner of the next annual
- (1) shareholder meeting or the one-year anniversary of grant, subject to the Reporting Person's continuous service as an Outside Director through the applicable vesting 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.