Edgar Filing: THERAVANCE INC - Form 4

THERAVAN	NCE INC											
Form 4												
April 27, 201	5											
									OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION												
			Was	hington,	D.C. 205	549			OMB Number:	3235-0287		
Check thi									Expires:	January 31,		
if no long									·	2005		
subject to Section 1	,	SECURITIES								Estimated average		
Form 4 or		Sheening							burden hours per response 0.5			
Form 5	Filed pure	suant to S	Section 16	5(a) of th	e Securiti	es Ex	chang	e Act of 1934,	10300130	0.0		
obligatior	¹⁸ Section $17(s$						•	f 1935 or Sectio	n			
may conti	inue.		of the Inv	-	-							
See Instru 1(b).	iction	50(II)	or the m	vestinent	compun	, 1100	01 17					
1(0).												
(Print or Type R	Responses)											
	-											
1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading						J	5. Relationship of Reporting Person(s) to					
WALTRIP WILLIAM H Symbol					· · · · · · · · · · · · · · · · · · ·				Issuer			
			-	VANCE	INC [TH	RX1						
(It)	(Einst)	(_IEE'N			-			(Chec	ck all applicable	e)		
(Last)	(Last) (First) (Middle) 3. Date of E							V Director 100 Orma				
					/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
	BOULEVARD		04/24/20	/15				below)	below)	(•F)		
GAIEWAI	DULLEVARD											
(Street) 4. If Amer				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
	Applicable Line) _X_ Form filed by One Reporting Person											
								_X_Form filed by 0				
SOUTH SA								Person		porting		
FRANCISC	O, CA 94080											
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative S	Securit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Dee	med	3.	4. Securi	ties Ac	quired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Executio	on Date, if	Transacti	on(A) or Di			Securities	Form: Direct			
(Instr. 3)		any		Code (D)				•		Beneficial		
		(Month/	Day/Year)	(Instr. 8)	(Instr. 3,	4 and 5	5)	Owned	Indirect (I)			
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
						or	D ·	(Instr. 3 and 4)				
Common				Code V		(D)	Price					
Common Stock	04/24/2015			А	13,950 (1)	А	\$0	117,264	D			
SIUCK					(-)							

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)

1. Title Derivati Security (Instr. 3	ive Convers	cise ive	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	ate Exercisable and ration Date nth/Day/Year)		le and ant 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

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other WALTRIP WILLIAM H THERAVANCE, INC. Х 951 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080 Signatures /s/ William H. Waltrip 04/27/2015 Date **Signature of Reporting Person

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.