Edgar Filing: THERAVANCE INC - Form 4

THERAVA	NCE INC											
Form 4												
June 04, 201	.5											
FORM	14								OMB AF	PROVAL		
	UNITE	D STATES		RITIES A			NGE C	COMMISSION	OMB Number:	3235-0287		
Check th							Expires:	January 31,				
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERS					NERSHIP OF	Estimated a	2005				
Section 1				SECUR	ITIES				burden hours per			
Form 4 c									response 0.5			
Form 5 obligatio	-						•	e Act of 1934,				
may cont				•	•	· ·		f 1935 or Section	n			
See Instr 1(b).	uction	30(h)	of the In	vestment	Compan	y Ac	t of 194	10				
(Print or Type]	Responses)											
1. Name and A	Address of Reportin	ng Person *	2 Issuer	Name and	Ticker or	Tradir	ησ	5. Relationship of	Reporting Pers	on(s) to		
The second			Symbol	i tunic unu	Tieker of	Truun	-8	Issuer				
			•	VANCE	INC [TH	IRX]						
(Last)	(First)	(Middle)		Earliest Tra	-			(Chec	k all applicable)		
(2007)	(1 1100)	(initiatite)	(Month/D		insaction			X Director	10%	Owner		
THERAVA	NCE, INC., 95	1	06/02/2	-				Officer (give		er (specify		
GATEWAY	Y BLVD.							below)	below)			
			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
				th/Day/Year)	-			Applicable Line)				
								X Form filed by C				
SOUTH SA								Form filed by M Person	lore than One Ke	porting		
FRANCISC	CO, CA 94080											
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Da			on Date, if	a Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
						(A) or		Reported Transaction(s)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	06/02/2015			S <u>(1)</u>	2,438	D	\$ 16.85	33,182	D			

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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno 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 Tyree James L THERAVANCE, INC. Х 951 GATEWAY BLVD. SOUTH SAN FRANCISCO, CA 94080 Signatures /s/ James L 06/04/2015 Tyree **Signature of Date 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).

(1) This is a sale pursuant to the Reporting Person's 10b5-1 Trading Plan dated April 2, 2015.

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.