FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANG
Instruction 1(b).	Filed pursuant to Section 1

## GES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Mammen Mathai						2. Issuer Name and Ticker or Trading Symbol THERAVANCE INC [ THRX ]										all app Direct Offic	blicable) ctor er (give title	Oth	6 Owner er (specify	
(Last) (First) (Middle) THERAVANCE, INC. 901 GATEWAY BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2013									X	SVP,	,	bel & Early Cl	ow) n Dev		
(Street) SOUTH SAN FRANCISCO CA 94080  (City) (State) (Zip)					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tabl	e I - Noi	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	r Ben	efici	ally (	Owne	ed			
Date					Date Exe (Month/Day/Year) if a		Execution	A. Deemed kecution Date, any lonth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			4 and Seci		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(	
Common Stock 05/20					0/2013	3					3,292	2	D	\$37	.01	202,684		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, Transaction Code (Ins					6. Date E Expiratio (Month/D	n Dat		Amo Seci Und Deri Seci	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative ırity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares						

**Explanation of Responses:** 

Mathai Mammen

05/22/2013

\*\* Signature of Reporting Person

Date

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

- \* 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.

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 Number.