FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

of Indirect

Beneficial

Ownership

Form:

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | or Sec | tion 30(h) of the in | vestme | nt Con | npany Act of 1 | 940 | | | | |
|--|----|-------------|----------|---|---|-----------------------------------|----------------------------------|---------|----------------|---|---|---|--|-----------|
| 1. Name and Address of Reporting Person [*] <u>Mammen Mathai</u> | | | | | er Name and Ticke <u>RAVANCE</u> I | | | | | ationship of Reportir k all applicable) Director | ssuer Owner | | | |
| (Last) THERAVANCE 901 GATEWAY | • | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2014 | | | | | | | Officer (give title below) SVP, Research | Other (specify below) & Early Clin Dev | |
| (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip) | | | | | | nendment, Date of | Origina | l Filed | (Month/Day/Y | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - No | n-Deriva | tive S | ecurities Acq | uired, | Dis | posed of, o | or Ben | eficially | Owned | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities of Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code V | | Amount | mount (A) or (D) | | | Transaction(s) (Instr. 3 and 4) | |
| Common Stock 04/27 | | | | 04/27/ | 2014 | | A | | 37,500(1) | A | \$0 | 261,969 | D | |
| | | Та | | | | urities Acquii ls, warrants, c | | | | | | wned | | |
| 1 Title of 2 | 1. | Transaction | 2A Doom | od A | | E Number (| : Data E | voroio | able and 7 | Title and | 0.0 | rice of 0 Number of | f 10 | 11 Noture |

| (Instr. 3) | | Price of Derivative Security | (Month/Day/Year) | 8) | | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Onderlying Derivative Security (Instr. 3 and 4) | | (Instr. 5) | Beneficially Owned Following Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
|------------|--|------------------------------------|------------------|------|---|---|-----|---------------------|--------------------|---|--|------------|---|-------------------------------|-------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Expiration Date (Month/Day/Year)

Explanation of Responses:

Derivative

Security

1. On February 11, 2011, the reporting person was granted a performance stock award that vest based on the achievement of certain performance conditions over a six-year timeframe from 2011 through December 31, 2016 and continued employment. On April 27, 2014, the performance conditions applicable to 37,500 shares were achieved and such shares will vest in May 2014.

<u>Mathai Mammen</u> <u>04/29/2014</u>

Derivative

Security

derivative

Securities

** Signature of Reporting Person Date

Amount of

Securities

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

Execution Date.

if any

 * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

Conversion Date (Month/Day/Year)

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Transaction

Code (Instr.

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.