SEC Form 4	
------------	--

 $\square$ 

## 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
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average bure	den							
hours per response:	0.5							

1. Name and Addres <u>Aguiar Micha</u> (Last) THERAVANCE 901 GATEWAY	(First) , INC.	n* (Middle)	2. Issuer Name and Ticker or Trading Symbol <u>THERAVANCE INC</u> [ THRX ] 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2012		tionship of Reporting Perso all applicable) Director Officer (give title below) Sr VP, Chief Financia	10% Owner Other (specify below)
(Street) SOUTH SAN FRANCISCO (City)	CA (State)	94080 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	ridual or Joint/Group Filing ( Form filed by One Report Form filed by More than ( Person	ting Person

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any '	3. Transa Code ( 8)		Disposed Of (D) (Instr. 3, 4 and 5)		Securities Beneficially	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	05/20/2012		F		3,832	D	\$20.33	177,924	D	

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			( 3 / 1				-											
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. Transa Code ( 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	Expiration Date (Month/Day/Year)			Expiration Date Amount of			ount of Derivative derivative urities Security Securities lerlying (Instr. 5) Beneficially viative urity (Instr. 3 Following			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							

**Explanation of Responses:** 

### <u>Michael W Aguiar</u>

05/22/2012 Date

\*\* Signature of Reporting Person

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

 $^{\ast}$  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.