FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden hours per response: 0.5

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

					or s	secuo	on 30(n)	or the i	nvestme	nt Coi	mpany Act	or 19	40							
1. Name and Address of Reporting Person* WALTRIP WILLIAM H					2. Issuer Name and Ticker or Trading Symbol THERAVANCE INC [THRX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WALIF	KIP WILI	JIAM H			1										X	Direc	ctor		10% O	wner
	ANCE, IN	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/24/2015										Office below	cer (give title ow)		Other (below)	specify
JSI GITEWIT BOOLEVILD				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)						2 <mark>7/2</mark>		24.0	Ggc		. (.,, . c	, ca.)		ine)					
SOUTH S	- C	A 9	94080												X		n filed by One n filed by Moi on		•	
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed o	f, o	r Ben	efici	ally C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			nd :	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	、 ·		ted action(s) 3 and 4)			(Instr. 4)
Common	ommon Stock 04/24			/2015						13,950(1)		A \$		0 123,604 ⁽²⁾			D			
		Та									sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date, Transacti Code (Ins					6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Security (Instrant 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	O F D O (I	0. Dwnership Form: Direct (D) Ir Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount nber ares						

Explanation of Responses:

- 1. The Reporting Person was granted restricted stock units ("RSUs"). 100% of the RSUs will vest at the sooner of the next annual 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.
- 2. The initial Form 4 filed on April 27, 2015 by the Reporting Person inadvertently omitted 6,340 shares of common stock subject to RSUs that the reporting person received as a result of an antidilution adjustment pursuant to the Theravance, Inc. 2012 Equity Incentive Plan as a result of the Issuer's spin-off of Theravance Biopharma, Inc.

/s/ William H. Waltrip 05/29/2015

Date

** Signature of Reporting Person

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.