FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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 Section 30(h) of the Investment Company Act of 1940

							()				1 7										
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol THERAVANCE INC [THRX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
WITEK THEODORE L JR				1**	<u> </u>	1. 1 7 . 1	101	<u></u> [1111	~ <u>.</u>]			- [[Direct	• • • •		10% C	wner		
					2.5									_		Office below			Other (specify below)		
(Last)	(1	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)										Sr	· · VP, Corp	Partnei	shins			
951 GATEWAY BLVD.				101/	01/07/2015										01	. 11, 001) I di di ci	опро			
,																					
(Street)					4. If	Ame	endment,	, Date o	f Origina	l Filed	d (Month/Da	ay/Ye	ar)	6.	6. Individual or Joint/Group Filing (Check Applicable						
SOUTH	SAN				01/	01/09/2015								Li	Line)						
FRANCI	(CA !	94080												X	Form filed by One Reporting Person					
TIUITICI	000															Form filed by More than One Reporting					
																Perso	on				
(City)	(:	State)	(Zip)																		
		Tab	le I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Bene	eficia	ally O	wne	d				
1. Title of S	Security (In:	str. 3)		2. Transa	ction					3. 4. Securities Acquired (A)							unt of	6. Owner		7. Nature	
Date (Month/Da				av/Yea	Execution ay/Year) if any			Transaction Code (Instr.				3, 4 ar	and Secur				Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)			
				(months 2 uy, rous,			(Month/Day/Year)							0			(I) (Instr. 4)				
									Code	v	Amount		(A) or	Price	_ Tr	Transaction(s)				(111501.44)	
									Jour	Ľ	Amount	(D) '		1	(Ir	(Instr. 3 and 4)					
Common Stock 01/07/2				/2015				A		71,429(1)		(1) A)	71,429		D				
		T:	hle II - I	Derivat	ive S	ecu	rities	Δεαιι	ired D	ienc	sed of,	or F	Renefi	ciall	/ Own	ned					
		.,									onvertib				y Own	icu					
1. Title of	2.	3. Transaction	3A. Deem		4. Transaction				6. Date Exercisable ar						8. Price					11. Nature	
Derivative Security	Conversion or Exercise		Execution if any						Expiration (Month/F			Amount of Securities			Derivat Securit		derivative Securities	Ownershi Form:		of Indirect Beneficial	
(Instr. 3)	Price of	(Month/Day/rear)	(Month/D		8)		Securities		(Month/Day/Year)			Und	Underlying		(Instr. 5)		Beneficially	Direc	t (D)	Ownership	
Derivative Security						Acquired (A) or			Derivative Security (Instr.					str 3			Owned Following		direct str. 4)	(Instr. 4)	
					ď		Disposed					14)				Reported	1	Jul 1,			
						of (D) (Instr. 3, 4										Transaction (Instr. 4)	(s)				
				L		and 5)										. ,					
				Γ										ount							
												or Nun	nber								
						,,	(A)	(D)	Date Exercisa			Tie!	of Title Shares								
	ı	1	1		Code	ı V	I (A)	ו נטוו	⊏ xerciSa	wie I	Date	1 1100	ະ ⊧ວna	162		- 1					

Explanation of Responses:

1. The Reporting Person was granted restricted stock units ("RSUs"). The RSUs will vest as follows: 25% on February 20, 2016, 6.25% on May 20, 2016, 6.25% on August 20, 2016, 6.25% on November 20, 2016, 6.25% on February 20, 2017, 6.25% on May 20, 2017, 6.25% on May 20, 2017, 6.25% on May 20, 2017, 6.25% on November 20, 2017. This footnote amends and restates footnote (1) on the initial Form 4 filed on 1/9/2015.

/s/ Theodore L. Witek, Jr. 0

02/20/2015

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** 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.