FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL								
OMB Number: 3235-								
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

				( ) -		,						
1. Name and Address of Reporting Person*  LEVINE ARNOLD J  2. Date of Event Requiring Statement (Month/Day/Year) 10/04/2004			ment	3. Issuer Name and Ticker or Trading Symbol THERAVANCE INC [ THRX ]								
(Last)	(First)	(Middle)				tionship of Reporting Perso all applicable) Director	on(s) to Issue			5. If Amendment, Date of Original Filed (Month/Day/Year)		
6296 FLEECY DALE ROAD					24	Officer (give title below)	Other (spe			6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)						,	,		l x	Form filed by	One Reporting Person	
CARVERSVILLE PA 18913										Form filed by More than One Reporting Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ally Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						70,967	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secur Underlying Derivative Secur		ity (Instr. 4) Conv		version kercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		
Stock Option	(right to buy)		09/02/2007	04/28/2014	1	Common Stock	25,806	9.6	59	D		

**Explanation of Responses:** 

**Arnold Levine** 

10/04/2004

\*\* 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 5 (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.