| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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 bur | rden | | | | | | | | |

Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* GLAXOSMITHKLINE PLC (Last) (First) (Middle) 980 GREAT WEST ROAD | | | 2. Issuer Name and Ticker or Trading Symbol <u>THERAVANCE INC</u> [THRX] | | ionship of Reporting I all applicable) Director | n(s) to Issuer 10% Owner | |
|---|--|---------|--|-------------------------|--|-----------------------------|-----------------------|
| . , | LAXOSMITHKLINE PLC ast) (First) (Middle) 0 GREAT WEST ROAD reet) RENTFORD IDDLESEX X0 TW8 9GS | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2012 | | Officer (give title below) | | Other (specify below) |
| (Street) BRENTFORD MIDDLESEX | X0 | TW8 9GS | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| (City) | (State) | (Zip) | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction I Code (Instr. | | 4. Securities Acq Disposed Of (D) (| | | 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 | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (1130.4) | (1150. 4) |
| Common Stock | 05/16/2012 | | Р | | 10,000,000(1) | A | \$21.2887 | 25,814,421 | I | By Corporation ⁽²⁾ |

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 . 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title Amouri Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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:

1. Common stock purchased pursuant to the Common Stock Purchase Agreement by and among Theravance, Inc. (the "Issuer"), GlaxoSmithKline LLC and Glaxo Group Limited ("GGL"), dated as of April 2, 2012, pursuant to which the Issuer agreed to issue and sell and GGL agreed to purchase 10,000,000 shares of Common Stock.

2. Shares of Common Stock are held of record by GGL.

Remarks:



05/16/2012

** 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.