## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSH

	OMB APP	ROVAL						
	OMB Number:	3235-0287						
	Estimated average burden							
1	hours nor resnance.	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  GLAXOSMITHKLINE PLC					2. Issuer Name <b>and</b> Ticker or Trading Symbol THERAVANCE INC [ THRX ]									5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director X 10% Owner					
(Last) (First) (Middle) 980 GREAT WEST ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2014									Officer (give title Other below) below)					specify
(Street) BRENTE MIDDLE	ESEX XO		FW8 9GS	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							5. Individual or Joint/Group Filing (Check Applicable Line)  X 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. De Execu if any	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos of (D) (Instr. 3, 4 and 5)				ed 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)				
		05/00/2014				Code	v	Amount 317,770 <sup>(1)</sup>		(A) or (D)	Filce		Transaction(s) (Instr. 3 and 4)		<del>                                     </del>		By		
Common Stock		05/09/2014				P		31/,//		A	A \$8,544,835.		30,576	5,072 I		Corporation <sup>(2)</sup>			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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)		of Expiration Date (Month/Day/Year) Securities Acquired (A) or Securities Sec			7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying	8. Price of Derivative Security (Instr. 5)	9. Num derivati Securit Benefic Owned Followi Reporte Transa (Instr. 4	ive ies cially ng ed ction(s)	Owner Form: Direct or Indi (I) (Ins		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V (A) (D)		(D)	Date Exe	ate Expiration xercisable Date			Title	Amount or Number of Shares							

## **Explanation of Responses:**

1. Common stock purchased pursuant to the right of GlaxoSmithKline LLC ("GSK LLC") under Section 2.1(d)(ii) and 2.1(d)(v) of the Amended and Restated Governance Agreement by and among Theravance, Inc. (the "Issuer"), GSK LLC, Glaxo Group Limited and GlaxoSmithKline plc dated as of June 4, 2004, as amended. Pursuant to Section 2.1(d)(ii), GSK LLC has the right to purchase from the Issuer, on a quarterly basis, sufficient shares of common stock to maintain its ownership percentage in the Issuer taking into account the preceding quarter's option exercise and equity vesting activity. Pursuant to Section 2.1(d)(v), GSK LLC has the right to purchase from the Issuer sof common stock to maintain its ownership percentage in the Issuer as a result of the conversion of certain of the Issuer's convertible indebtedness.

 $2. \ Shares \ of \ Common \ Stock \ are \ held \ of \ record \ by \ Glaxo \ Group \ Limited, \ an \ indirect \ wholly \ owned \ subsidiary \ of \ Glaxo \ Smith \ Kline \ plc.$ 

/s/ Victoria Whyte, Company Secretary 05/13/2014

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.