FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number: 3235-0362								
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions F	teported.	File	ed pursuant to or Section					ities Excha ompany Ac								
Name and Address of Reporting Person* MALKIEL BURTON G				2. Issuer Name and Ticker or Trading Symbol THERAVANCE INC [THRX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
												X		cor er (give title	2		er (specify
	(Fir ANCE, INC EWAY BO	Σ.	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013					Year)		belov			belo			
(Street) SOUTH S FRANCIS (City)	SCO CA		14080 Zip)	4. If Amen	dment	, Date (of Origi	nal File	d (Month/E	ay/Year		i. Ind ine) X	Form	n filed by O	ne Re	porting Pe	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securit Benefic		es			7. Nature of Indirect Beneficial Ownership
								Amou	nt	(A) or (D) Price			Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)
Common Stock 0			08/08/2013		G		j	1,	000	D \$0			35,000		D		
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. Transaction Code (Instr. 8)	5. Nu of Deriv Secul Acqu (A) oi Dispo of (D) (Instr and 5	rative rities ired r osed)	Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number		<u> </u>		derivative Securities Beneficially Owned		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

Heather M Shane as Attorney-

in-Fact

** Signature of Reporting Person

02/14/2014 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.