FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 Estimated average burden hours per response: 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

1. Name and Address of Reporting Person*  Mammen Mathai  (Last) (First) (Middle)  THERAVANCE, INC.  901 GATEWAY BLVD.  (Street)  SOUTH SAN FRANCISCO  (City) (State) (Zip)					THERAVANCE INC [ THRX ]  3. Date of Earliest Transaction (Month/Day/Year) 05/09/2014									ck all ap Dire	plicable)		ssuer Owner (specify	
														beio	,	below & Early Clin	,	
													Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(0.5)				n-Deriv	/ative	e Se	ecuriti	es Acc	quired,	Dis	posed o	f, or	Bene	ficially	y Own	ed		
Date				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securitie Disposed C Code (Instr. 5)						Secui Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
										v	V Amount		) or ))	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 05/09					/2014				F		22,83	3 D		\$26.86	239,136		D	<u> </u>
Common Stock 03/13/									G	V	1,200		D	\$0	237,936		D	
		Та									osed of, onvertib				Owned			
Security or Exer (Instr. 3) Price of Derivati	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	n Date,	Date, Transaction		on of		6. Date E Expiratio (Month/E		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		De Se (Ir	Price of erivative ecurity astr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Sha	ber				

**Explanation of Responses:** 

Mathai Mammen

05/12/2014

\*\* 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.