FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

۱	Check this box if no longer subject to 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: 3235-0								
Estimated average burden								
hours per response:	0.5							

1. Name and Addres	ss of Reporting Perso <mark>TLLIAM H</mark>	n*	2. Issuer Name and Ticker or Trading Symbol <u>THERAVANCE INC</u> [THRX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				Х	Director	10% Owner			
7					Officer (give title	Other (specify			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
THED AVANCE	INC		05/22/2014						
THERAVANCE	, INC.								
901 GATEWAY	BOULEVARD								
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6 Indiv	idual or 10int/Group Filir	ng (Check Applicable			
(Chura ant)			. In Amendment, Date of original Filed (Month/Day/Tear)	Line)		ig (Check Applicable			
(Street)				x	Form filed by One Rer	orting Person			
SOUTH SAN	CA	94080		~	, ,	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting			
FRANCISCO	CA	94000			Form filed by More that Person	an One Reporting			
,									
(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)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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)		(11311.4)
Common Stock	05/22/2014		A		6,000	Α	\$ <mark>0</mark>	100,064	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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				
Stock Option (Right to Buy)	\$28.54	05/22/2014		A		6,000		(1)	05/21/2024	Common Stock	6,000	\$0	6,000	D	

Explanation of Responses:

1. This option may be exercised and shall be vested as to 1/12th of the shares subject to this option when optionee completes each continuous month of service following the grant date and any then remaining unvested shares shall vest on the date of the next annual meeting of the Company's stockholders provided the optionee remains in continuous service on such date.

> Heather M. Shane, Attorney-05/27/2014 in-Fact

** 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.

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