SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

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* 2. Date of Event Requiring Statement (Month/Day/Year) 11/18/2016			3. Issuer Name and Ticker or Trading Symbol <u>Innoviva, Inc.</u> [INVA]						
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
			Officer (give title below)	Other (spe below)	cify	Applica	able Line)	/Group Filing (Check	
						Х		y One Reporting Person y More than One erson	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities are beneficially owned.			0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)				ty (Instr. 4) Conve or Exe		sion (cise (F	Ownership Form:	(Instr. 5)	
Date Exercisable	Expiratior Date			Amount or Number of Shares	Derivative		or Indirect		
	Requiring Stater (Month/Day/Year 11/18/2016 Table I - Nor Table II - C .g., puts, cal 2. Date Exerc Expiration D (Month/Day/ Date	Requiring Statement (Month/Day/Year) 11/18/2016 Table I - Non-Derivat Zable II - Derivative .g., puts, calls, warra 2. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration	Requiring Statement (Month/Day/Year) Innov 11/18/2016 4. Rela (Check X Table I - Non-Derivative Sec (Check X Table II - Derivative Sec (S., puts, calls, warrants, o 2. Amou Benefici 2. Amou Benefici 2. Amou Benefici Junction 2. Amou Benefici Junction Junction Date Expiration	Requiring Statement (Month/Day/Year) Innoviva, Inc. [INVA] 11/18/2016 4. Relationship of Reporting Perso (Check all applicable) X Director Officer (give title below) Officer (give title below) Table I - Non-Derivative Securities Beneficially 0 Table II - Derivative Securities Beneficially Owned (Instr. 4) 0 Table II - Derivative Securities Beneficially Outling Derivative Securities (Month/Day/Year) 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Securities Securities Securities Securities	Requiring Statement (Month/Day/Year) Innoviva, Inc. [INVA] 11/18/2016 4. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner Officer (give title below) Table I - Non-Derivative Securities Beneficially Owned (Instr. 5) 3. Ownersh Form: Director Indirect (Instr. 5) 0 D Table II - Derivative Securities Beneficially Owned .g., puts, calls, warrants, options, convertible securities (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	Requiring Statement (Month/Day/Year) Innoviva, Inc. [INVA] 11/18/2016 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specify below) Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 0 D Table II - Derivative Securities Beneficially Owned .g., puts, calls, warrants, options, convertible securities (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Conver or Exer Price of	Requiring Statement (Month/Day/Year) Innoviva, Inc. [INVA] 11/18/2016 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Ar (Month/ X Director X Director 10% Owner Officer (give title below) Other (specify below) 6. Indin Applica X Table I - Non-Derivative Securities Beneficially Owned Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (I) (Instr. 5) 4. Natur (Instr. 5) 0 D D Table II - Derivative Securities Beneficially Owned .g., puts, calls, warrants, options, convertible securities (Month/Day/Year) 3. Title and Amount of Security Underlying Derivative Security (Instr. 4) 4. Conversion or Exercise Price of bervative Security 4. Conversion or Exercise Price of to of 5.	Requiring Statement (Month/Day/Year) Innoviva, Inc. [INVA] 11/18/2016 A. Relationship of Reporting Person(s) to Issuer (Check all applicable) 5. If Amendment, Da (Month/Day/Year) X Director 10% Owner Officer (give title below) Other (specify below) 6. Individual or Joint Applicable Line) X Form filed b Form filed b Table I - Non-Derivative Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indirect (Instr. 5) 0 D Table II - Derivative Securities Beneficially Owned .g., puts, calls, warrants, options, convertible securities (Month/Day/Year) 3. Title and Amount of Securities Underlying Derivative Securities Underlying Derivative Security (Instr. 4) 4. Conversion or Exercise Price of Derivative Security 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

<u>/s/ Barbara Gayle Duncan</u>

** Signature of Reporting Person Date

11/21/2016

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 5 (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.