Edgar Filing: THERAVANCE INC - Form 4

THERAVA Form 4 May 13, 20												
FORM	ЛД										OMB APPR	OVAL
-	this box	STATES		RITIES A ashington			GE C	OMM	ISSION	OM Nur	nber: 3	235-0287
if no lo subject Section Form 4	nger to STATE 16. or	F CHANGES IN BENEFICIAL OWNERS SECURITIES					NERSI	HIP OF	Esti buro	bires: Jaimated aver den hours p bonse		
Form 5 obligati may co <i>See</i> Inst 1(b).	ions Section 17	rsuant to S (a) of the P 30(h) o	Public U		ding Cor	npany A	ct of	1935 0				
(Print or Type	e Responses)											
			Symbol			5. Relationship of Reporting Person(s) to Issuer						
			THERAVANCE INC [THRX]					(Check all applicable)				
(Last)	(First)	· · · · · ·		of Earliest T	ransaction							
980 GREAT WEST ROAD			(Month/Day/Year) 05/09/2014				Director 10% Owner Officer (give title Other (specify below)					
			4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
BRENTFO MIDDLES	ORD SEX, X0 TW8 9G	S									an One Reporti	ng
(City)	(State)	(Zip)	Ta	ble I - Non-l	Derivative	Securities	s Acqı	uired, D	isposed of,	or B	eneficially O	wned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day	Date, if	Transaction	4. Securitie Disposed o (Instr. 3, 4 Amount	f (D)	ed (A) o Pric		5. Amount Securities Beneficiall Owned Following Reported Transaction (Instr. 3 an	y n(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

Common Stock	05/09/2014	Р	317,770 A	\$ 8,544,835.3	30,576,072	Ι	By Corporation
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
Foot	Director	10% Owner	Officer	Othe					
GLAXOSMITHKLINE PLC									
980 GREAT WEST ROAD		Х							
BRENTFORD MIDDLESEX, X0 TW8 9GS	5								
Signatures									
/s/ Victoria Whyte, Company Secretary	05/13/201	4							

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

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

(1) 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 sufficient shares of 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 GlaxoSmithKline plc.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.