#### Edgar Filing: Aguiar Michael W - Form 4

Aguiar Mich	ael W										
Form 4											
May 21, 201											
FORM	14 UNITE	о стате	SECHE	ITIES A	ND FY	¬Uл N	JCF (	COMMISSION	-	PROVAL	
	UNITE	DSIALE		shington,			IGE C		OMB Number:	3235-0287	
Check the	is box		v v a.	, migton,	<b>D.C. 2</b> 0	J- <b>J</b> -J				January 31,	
if no long	STATE	EMENT O	F CHAN	GES IN I	BENEFI	<b>CIAI</b>	OW	NERSHIP OF	Expires:	2005	
subject to Section 1	)		-		SECURITIES				Estimated a	•	
Form 4 o									burden hour response	0.5	
Form 5	Filed p	ursuant to	Section 1	6(a) of the	e Securit	ies Ex	chang	e Act of 1934,			
obligation may cont				•	•	- ·		1935 or Section	1		
See Instru		30(h)	) of the In	vestment	Compan	y Act	of 194	0			
1(b).											
(Print or Type I	Responses)										
(I find of Type I	(csponses)										
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer				uer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Aguiar Michael W Symbol											
			IERAVANCE INC [THRX]								
(Last)	(First)	(Middle)	3. Date of	3. Date of Earliest Transaction				(Chech	к ап аррпсавіе	)	
(Month/D)THERAVANCE, INC., 90105/20/20			Month/Day/Year) 5/20/2010			Director		Owner			
						X Officer (give title Other (specify below) below)					
GATEWAY	BOULEVAR	D						· · · · · · · · · · · · · · · · · · ·	ief Financial O	fficer	
(Street) 4. If Ame				nendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Ionth/Day/Year)				Applicable Line)				
								_X_ Form filed by C			
SOUTH SA								Form filed by M Person	lore than One Ke	porting	
FRANCISC	O, CA 94080										
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securit	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date 2A. Deemed			3. 4. Securities Acquired			quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	on Date, if Transaction(A) or Disposed of (D)				Securities	Form: Direct				
(Instr. 3)		Day/Year)	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)			)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(	(income Dug, roar)		(			Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(incur c und I)			

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities A on(A) or Dispose (Instr. 3, 4 and	d of (D)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	
		(	Code V	(A) or Amount (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	05/20/2010		F	1,955 D	\$ 13.02	111,870	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)

### **Reporting Owners**

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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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying rities : 3 and 4)	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		

# **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Aguiar Michael W THERAVANCE, INC. 901 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080				Sr VP, Chief Financial Officer					
Signatures									
Michael W Aguiar	05/21/2010								
<u>**</u> 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).

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.