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| THERAVAN | NCE INC | | | | | | | | | | |
|--|--------------------------------------|-------|---|---|---|-----------|--|--|---|---|--|
| Form 4 | | | | | | | | | | | |
| August 22, 2 | 013 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISS | | | | | | | | OMB APPROVAL | | | |
| UNITED STATES SECUR | | | | RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | |
| | | | | SECUR 6(a) of the | E ITIES e Securiti | es Ex | change | e Act of 1934, | Expires: Estimated a burden hou response | 0 | |
| may cont <i>See</i> Instru 1(b). | inue. Section 17 | | | vestment | | | | | 1 | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Mammen Mathai Symbol | | | bl | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | THERA | VANCE | INC [TH | [KX] | | (Check | k all applicable |) | |
| (Month/ETHERAVANCE, INC., 90108/20/2 | | | ate of Earliest Transaction nth/Day/Year) 20/2013 | | | | Director 10% Owner X_ Officer (give title Other (specify below) below) | | | | |
| GATEWAY | BLVD. | | | | | | | SVP, Resear | rch & Early Cl | in Dev | |
| | | | 4. If Ame | (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | Filed(Mor | | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | O, CA 94080 | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative S | Securi | ties Acqu | iired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | | n Date, if | Code (Instr. 8) | 4. Securiti or(A) or Dis (Instr. 3, 4 | (A) or | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 08/20/2013 | | | Code V F | Amount 3,813 | (D) D | Price \$ 35.89 | 207,892 | D | | |

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

Μ

18,750 A \$16

Common

Stock

08/21/2013

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226,642

D

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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. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of 8 Underlying Securities 4 (Instr. 3 and 4) 5 (| |
|---|---|---|---|--|--|--|--------------------|--|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Option (Right to Buy) | \$ 16 | 08/21/2013 | | М | 18,750 | <u>(1)</u> | 10/03/2014 | Common Stock | 18,750 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Mammen Mathai THERAVANCE, INC. 901 GATEWAY BLVD. SOUTH SAN FRANCISCO, CA 94080 | | | SVP, Research & Early Clin Dev | | | | |

Signatures

Mathai 08/22/2013 Mammen **Signature of Date Reporting Person

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).

(1) Immediately exercisable.

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.