THERAVANCE INC

Form 5

February 11, 2008

FORM 5

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Number:

Expires:

3235-0362 January 31,

1.0

Check this box if no longer subject to Section 16. Form 4 or Form

Washington, D.C. 20549

2005 Estimated average

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

burden hours per response...

5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person * GLAXOSMITHKLINE PLC

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

THERAVANCE INC [THRX]

(Check all applicable)

(Last) (First) 3. Statement for Issuer's Fiscal Year Ended

X__ 10% Owner

(Month/Day/Year) 12/31/2007

Officer (give title below) below)

Other (specify

980 GREAT WEST ROAD

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Reporting

Filed(Month/Day/Year)

(check applicable line)

BRENTFORD MIDDLESEX, X0Â TW8 9GS

X Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)

(State)

(Zip)

(Middle)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. Transaction Code

(Instr. 8)

4. Securities Acquired (A) or Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned at end

Form: Direct (D) or Indirect (I)

(Instr. 4)

6. Ownership 7. Nature of Indirect Beneficial Ownership

(Instr. 4)

(A) or Amount (D) Price of Issuer's Fiscal Year

(Instr. 3 and 4)

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.

SEC 2270 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Underlying Securities	Derivat
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Securit
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		(Instr. :
	Derivative				Securities			

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Security Acquired
(A) or
Disposed

Â

of (D) (Instr. 3, 4, and 5)

(A) (D) Date Expiration Title Amount

Exercisable Date

Number of Shares

Class A

stock

common 09/14/2007

1 Â Â (2)

(3)

Common Stock

1

\$ 19.

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

GLAXOSMITHKLINE PLC 980 GREAT WEST ROAD

 \hat{A} \hat{A} \hat{A} \hat{A} \hat{A}

BRENTFORD MIDDLESEX, X0Â TW8 9GS

Signatures

Victoria A Whyte, Deputy Secretary

02/11/2008

**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).
- (1) Acquired by the Reporting Person upon exercise by the holder of one share of Common Stock of the put option described in Reporting Person's Form 4 filed October 12, 2004.
- (2) Each share of Class A common stock may be converted into one share of Common Stock at any time.
- (3) No expiration date on right to exchange Class A common for Common Stock.
- (4) Shares of Class A common stock are held of record by SmithKline Beecham Corporation and Glaxo Group Limited, each of which is a wholly-owned subsidiary of Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Owners 2