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Form 4											
May 21, 2010	Л								-	PPROVAL	
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							IMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed pur Section 17(STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: Estimated a burden hou response		
(Print or Type Re	esponses)										
Brinkley David L Sy			Symbol	2. Issuer Name and Ticker or Trading Symbol THERAVANCE INC [THRX]				5. Relationship of Reporting Person(s) to Issuer			
(1)				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2010				(Check all applicable) <u></u> Director 10% Owner <u></u> Officer (give title 0ther (specify below) below) Head of Business Dev.			
				nendment, Date Original onth/Day/Year)			App _X_	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
SOUTH SAN FRANCISCO							Pers		More than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securities	s Acquire	d, Disposed o	f, or Beneficial	ly Owned	
	2. Transaction Date (Month/Day/Year)	Execution any	ned n Date, if Day/Year)	3. Transactic Code (Instr. 8) Code V	on(A) or Di (Instr. 3,	(A) or	E(D) See Be Ov Fo Re Tra	Amount of curities meficially vned llowing ported ansaction(s) ustr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		

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

F

Common

Stock

05/20/2010

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.

D

\$ 13.02 35,238

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

908

D

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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				
Brinkley David L THERAVANCE, INC. 901 GATEWAY BOU SOUTH SAN FRANC			Head of Business Dev.					
Signatures								
David Brinkley	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.