Edgar Filing: Mammen Mathai - Form 4

Mammen Ma	athai										
Form 4											
August 23, 2	010										
FORM	1 4							OMB A	PPROVAL		
	UNITED S	TATES			ND EXCHAN D.C. 20549	NGE COMM	IISSION	OMB Number:	3235-0287		
Check thi				0 /				Expires:	January 31,		
if no long subject to	STEATEN/I	er STATEMENT OF CHANGES IN BENEFICIAL OWNERS					HIP OF	•	2005		
Section 1 Form 4 or	16. SECURITIES							Estimated average burden hours per response 0			
Form 5		uant to S	Section 16	b(a) of the	e Securities Ex	change Act o	of 1934	165p01156	0.5		
obligation	ns Section 17(a			· · /	ing Company	U		า			
may cont	inue.			•	Company Act		01 5000101	•			
See Instru 1(b).	letion	00(11)		••••••••	company rice	01 17 10					
~ /											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Mammen Mathai			2. Issuer Name and Ticker or Trading Symbol			0	5. Relationship of Reporting Person(s) to Issuer				
						Issuer					
			THERA	VANCE	INC [THRX]		(Check all applicable)				
(Last)	(First) (M	iddle)	3. Date of	Earliest Tra	ansaction		(rr	-)		
			(Month/Da	ay/Year)			Director		6 Owner		
THERAVANCE, INC., 901			08/20/2010				X_ Officer (give title Other (specify below) below)				
GATEWAY	BLVD.					· · · · · · · · · · · · · · · · · · ·	SVP, Reseau	rch & Early C	lin Dev		
	(Street)		4 If Amer	ndment, Dat	e Original	6 Indi	vidual or Io	int/Groun Fili	ng(Check		
(Street)				h/Day/Year)	-		6. Individual or Joint/Group Filing(Check Applicable Line)				
			1 neu(mon	.ii/Duj/10ul)				one Reporting Po	erson		
SOUTH SA	N						rm filed by M	lore than One R	eporting		
FRANCISC	O, CA 94080					Person					
(City)	(State) (Zip)	Table	e I - Non-D	erivative Securit	ties Acquired, I	Disposed of	, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	2A. Dee	emed	3.	4. Securities	5. Amo	unt of (6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, if		TransactionAcquired (A) or		r Securiti		Form: Direct	Indirect		
(Instr. 3)		any	2		Code Disposed of (D)		Beneficially (Beneficial		
		(Month/	Day/Year)	(Instr. 8) (Instr. 3, 4 and			Owned I Following (Ownership		
						Reporte		(Instr. 4)	(Instr. 4)		
					(A)	Transac					
					or	(In star 2					

Common	08/20/2010
Stock	08/20/2010

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

F

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

(Instr. 3 and 4)

\$ 14 121,982

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

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

Code V Amount (D) Price

1,671 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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int 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		

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 De	ev			
<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>							

Signatures

Mathai 08/23/2010 Mammen

<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.