FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL								
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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	OMB Number:	3235-0287				
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١	hours per response:	0.5				

1. Name and Address of Reporting Person* GLAXOSMITHKLINE PLC (Last) (First) (Middle) 980 GREAT WEST ROAD					_	Issuer Name and Ticker or Trading Symbol THERAVANCE INC [THRX] 3. Date of Earliest Transaction (Month/Day/Year) 07/21/2011							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) Other (specify below)							
(Street) BRENTFORD X0 TW8 9GS				_ _ _	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	?)	State)	(Zip)	lon F) Dorive		Coor	rition ^)ionoos d	of or T	onofic:	all:	Ourned					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				nsactio	on 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securitie	ties Acquired (A) or Of (D) (Instr. 3, 4 and		Ť	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock			07/21/2011		11			С		9,401,49	+ -	\$0		15,565,076				By Corporati	ion ⁽¹⁾	
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		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amoun Securities Underly Derivative Security (Instr. 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported		10. Owners Form: Direct (or Indir (I) (Inst	Ship Indired Benefi D) Owner ect (Instr.	icial rship
					Code	v	(A) ((D)	Date Exercis	able	Expiration Date	Title	Amount Number Shares			(Instr.	action(s) 4)			
Class A Common Stock	\$0	07/21/2011			С		9,401,499		(2) (3)		(3)	Common Stock	9,401,4	499	\$0 0		0 I		By Corpor	ration ⁽⁴⁾

Explanation of Responses:

- 1. Shares of Common Stock are held of record by GlaxoSmithKline LLC ("GSK LLC") and Glaxo Group Limited ("GGL"), each of which is a wholly-owned subsidiary of the Reporting Person.
- 2. All shares of Class A common stock were beneficially owned by the Reporting Person ("GSK"). GSK had the right to convert each share of Class A common stock into one share of common stock on or after the put/call termination date. The put/call termination date is the date following redemption of the Issuer's common stock pursuant to exercise by GSK of its call option by written notice between June 1, 2007 and July 1, 2007 on a date not later than July 31, 2007, or, in the alternative, on the close of business of the last day in which holders of the Issuer's common stock can exercise their option to put shares during the period beginning August 1, 2007 and ending on the 30th business day thereafter or as may be required under the Securities Exchange Act of 1934, as amended, or the Hart-Scott-Rodino Antitrust Improvements Act of 1976.
- 3. No expiration date on right to exchange Class A common for Common Stock.
- 4. Shares of Class A common stock were held of record by GSK LLC and GGL.

/s/ Victoria A. Whyte, Company **Secretary**

07/25/2011

** Signature of Reporting Person

Date

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

- * 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.

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 Number.