UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

Current Report Pursuant
to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event Reported): **October 26, 2014**

THERAVANCE, INC.
(Exact Name of Registrant as Specified in its Charter)

Delaware	**000-30319**	**94-3265960**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification Number)

951 Gateway Boulevard
South San Francisco, California 94080
(650) 238-9600
(Addresses, including zip code, and telephone numbers, including area code, of principal executive offices)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 8.01 Other Events.

On October 26, 2014 at CHEST 2014 in Austin, Texas, GlaxoSmithKline plc (GSK) presented data from two Phase 3 studies comparing the efficacy and safety of ANORO® (umeclidinium/vilanterol "UMEC/VI") once daily versus ADVAIR® (fluticasone/salmeterol combination "FSC") twice daily in patients with moderate-to-severe chronic obstructive pulmonary disease (COPD) and infrequent COPD exacerbations. ANORO® is a once-daily combination treatment comprising two bronchodilators, UMEC, a long-acting muscarinic antagonist (LAMA), and VI, a long-acting beta$_2$ agonist (LABA), in a single inhaler, the ELLIPTA®. UMEC/VI has been developed under the 2002 LABA collaboration between Glaxo Group Limited and Theravance, Inc. The slide presentation is filed as Exhibit 99.1 to this report and is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit	**Description**
Exhibit 99.1	Efficacy and Safety of Umeclidinium/Vilanterol (UMEC/VI) Once Daily (OD) vs Fluticasone/Salmeterol Combination (FSC) Twice Daily (BD) in Patients With Moderate-to-Severe COPD and Infrequent COPD Exacerbations

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

THERAVANCE, INC.

Date: October 27, 2014

By: /s/ **Michael W. Aguiar**
Michael W. Aguiar
Chief Executive Officer

EXHIBIT INDEX

Exhibit No.	Description
99.1	Efficacy and Safety of Umeclidinium/Vilanterol (UMEC/VI) Once Daily (OD) vs Fluticasone/Salmeterol Combination (FSC) Twice Daily (BD) in Patients With Moderate-to-Severe COPD and Infrequent COPD Exacerbations

Presentation No: 73A

Efficacy and safety of umeclidinium/vilanterol (UMEC/VI) once daily (OD) vs fluticasone/salmeterol (FSC) combination twice daily (BD) in patients with moderate-to-severe COPD and infrequent COPD exacerbations

James F. Donohue, MD, FCCP

Department of Medicine, University of North Carolina, North Carolina, USA

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Disclosures

- Jim Donohue has the following statement of interest:
  - served as consultant to Almirall, AstraZeneca, Boehringer Ingelheim, Elevation Pharmaceuticals, Forest Laboratories, GSK, Mylan, Novartis, Pearl Pharmaceuticals, Pfizer and Sunovion
  - served as a member of Drug Safety Monitoring Boards for the NIH, Novartis, Otsuka, Pearl and Teva

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Off-label discussion declaration

- I will not be discussing off-label uses of the treatments presented here

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Primary objective

- To compare the efficacy and safety of once-daily UMEC/VI 62.5/25mcg with twice-daily FSC 250/50mcg over 12 weeks in patients with moderate-to-severe COPD with a history of infrequent COPD exacerbations
- Two studies were conducted
  - DB2114930 (NCT01817764)
  - DB2114951 (NCT01879410)

COPD: chronic obstructive pulmonary disease; FSC: fluticasone propionate/salmeterol; UMEC: umeclidinium; VI: vilanterol

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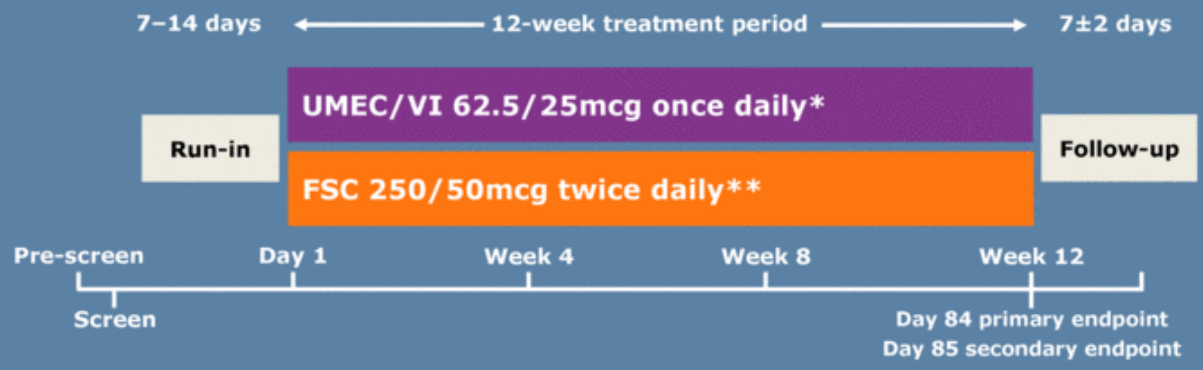
Study design



* delivered doses 55/22mcg via ELLIPTA® dry powder inhaler
** via DISKUS® inhaler

Key inclusion and exclusion criteria

- Inclusion
  - males or females ≥40 years old with moderate-to-severe COPD
  - post-salbutamol FEV_1 ≥30% and ≤70% predicted normal
  - dyspnea score ≥2 (mMRC Dyspnea Scale)
- Exclusion
  - documented history of ≥1 COPD exacerbation requiring oral corticosteroids, antibiotics and/or hospitalization in the year prior to screening

FEV_1: forced expiratory volume in 1s; mMRC: modified Medical Research Council

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Key baseline demographics and disease characteristics (ITT)

	DB2114930 (N=706)[a]	DB2114951 (N=697)[b]
Age, years[c]	62.8 (8.97)	63.6 (8.55)
Males, n (%)	497 (70)	528 (76)
Current smoker, n (%)	304 (43)	363 (52)
Pre-salbutamol FEV_1, L[c]	1.322 (0.4312)	1.335 (0.4530)[d]
Post-salbutamol FEV_1, L[c]	1.451 (0.4440)[e]	1.488 (0.4603)
GOLD stage (% predicted FEV_1)[f] Stage II Stage III	 347 (49) 357 (51)	 346 (50) 351 (50)
Reversible to salbutamol, n (%)	189 (27)[e]	239 (34)[d]
mMRC dyspnea scale score[g]	2.0 (2–4)	2.0 (2–4)

[a]n=353 for UMEC/VI and FSC groups; [b]n=349 (UMEC/VI) and 348 (FSC); [c]mean (standard deviation); [d]n=696; [e]n=704; [f]n=704 in DB2114930; [g]median (range)
ITT: intent-to-treat

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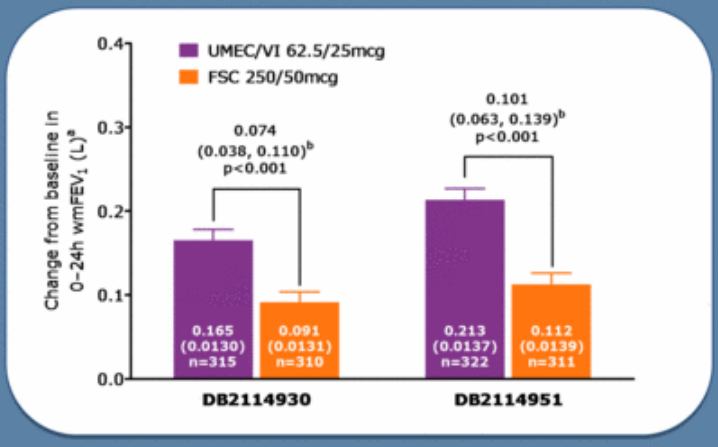
UMEC/VI demonstrated greater improvements in 0–24h wmFEV$_1$ than FSC on day 84 (primary endpoint)



[a]LS mean change (SE) from baseline on day 84; [b]treatment difference (95% confidence interval)
LS: least-squares; SE: standard error; wm: weighted mean

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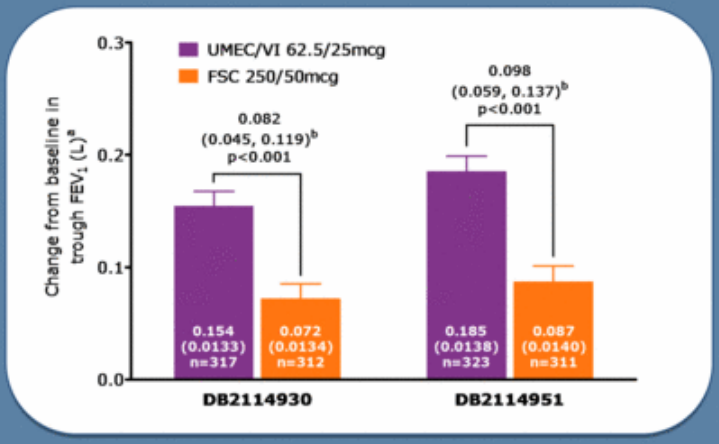
UMEC/VI demonstrated greater improvements in trough FEV_1 than FSC on day 85 (secondary endpoint)



aLS mean change (SE) from baseline on day 85; btreatment difference (95% confidence interval)

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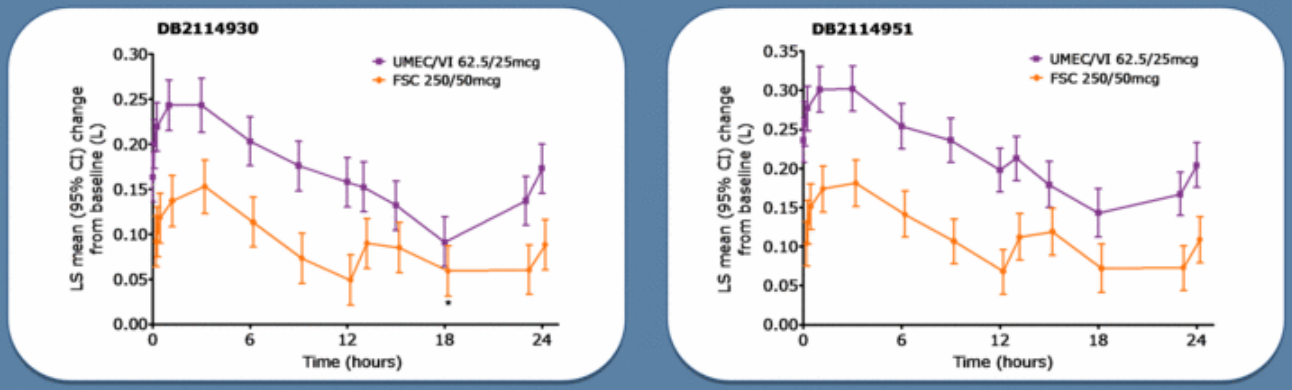
UMEC/VI demonstrated greater improvements in serial FEV_1 than FSC on day 84



- Statistically significant improvements with UMEC/VI versus FSC were seen at each time point on day 84 in both studies except at 18h* in DB2114930 (p=0.107)

CI: confidence interval

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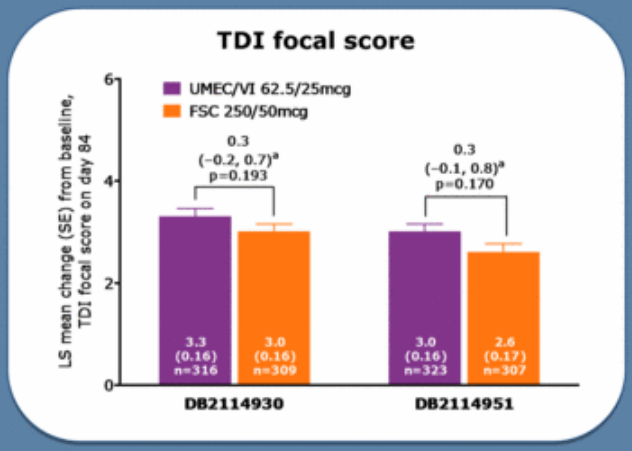
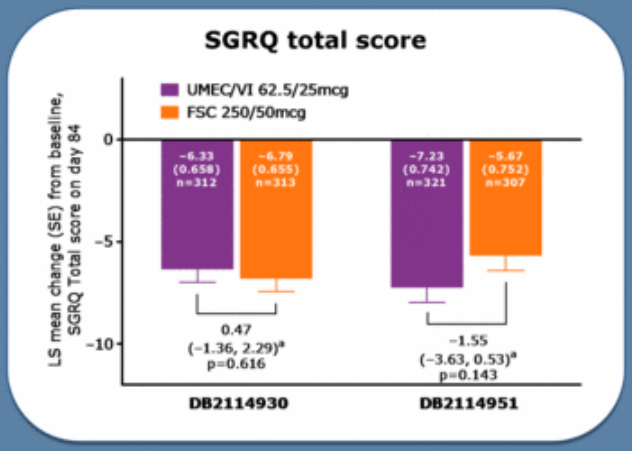
Similar improvements were observed in TDI and SGRQ with UMEC/VI and FSC





[a]treatment difference (95% confidence interval)

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Similar safety profiles were observed with UMEC/VI and FSC

	DB2114930		DB2114951	
Incidence, n (%)	**UMEC/VI 62.5/25mcg (N=353)**	**FSC 250/50mcg (N=353)**	**UMEC/VI 62.5/25mcg (N=349)**	**FSC 250/50mcg (N=348)**
Total AEs	93 (26)	96 (27)	104 (30)	108 (31)
Serious AEs				
Any	6 (2)	10 (3)	11 (3)	13 (4)
Fatal	0	1 (<1)	2 (<1)	3 (<1)
AEs of special interest				
Cardiovascular	4 (1)	7 (2)	10 (3)	7 (2)
Pneumonia	1 (<1)	4 (1)	2 (<1)	4 (1)
LRTI (excl. pneumonia)	0	3 (<1)	3 (<1)	2 (<1)
COPD exacerbations	12 (3)	11 (3)	9 (3)	11 (3)

AE: adverse event; excl: excluding; LRTI: lower respiratory tract infection

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Conclusions

- Once-daily UMEC/VI significantly improved lung function vs twice-daily FSC 250/50mcg in moderate-to-severe COPD patients with infrequent COPD exacerbations
- Both treatments improved dyspnea and QoL
- Overall, the AE incidence was similar between treatment groups
- These findings suggest that treatment with UMEC/VI provides greater lung function benefits than FSC in moderate-to-severe COPD patients with infrequent COPD exacerbations

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Acknowledgments

- Patients, investigators and staff at the 63 study centers in Argentina, Chile, Greece, Peru, Romania, Ukraine and the USA (DB2114930) and at the 71 study centers in Chile, Mexico, Norway, Romania, Ukraine, Russian Federation, South Africa and the USA (DB2114951)
- Funded by GSK (DB2114930 / NCT01817764; DB2114951 / NCT01879410)

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