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): **September 22, 2010**

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)

901 Gateway Boulevard
South San Francisco, California 94080
(650) 808-6000
(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.

Today at the European Respiratory Society Annual Congress in Barcelona, Spain, GlaxoSmithKline plc presented two oral presentations: Phase 2 study of RELOVAIR™, a once-daily combination medicine of fluticasone furoate (FF), the inhaled corticosteroid (ICS), and vilanterol trifenatate (VI), the long-acting beta$_2$ agonist (LABA) in patients with chronic obstructive pulmonary disease (COPD) and Phase 2b study of VI in patients with asthma. RELOVAIR™ is being developed for the treatment of patients with COPD or asthma under the LABA collaboration between GSK and Theravance, Inc. The two presentations are filed as Exhibit 99.1 and Exhibit 99.2 to this report and are incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit	Description
Exhibit 99.1	Safety and efficacy of fluticasone furoate/vilanterol trifenatate (FF/VI) in COPD patients
Exhibit 99.2	24h duration of the novel long-acting b2 agonist vilanterol trifenatate in uncontrolled asthma

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: September 22, 2010

By: /s/ **Michael W. Aguiar**

Michael W. Aguiar
Chief Financial Officer

EXHIBIT INDEX

Exhibit	Description
Exhibit 99.1	Safety and efficacy of fluticasone furoate/vilanterol trifenatate (FF/VI) in COPD patients
Exhibit 99.2	24h duration of the novel long-acting b2 agonist vilanterol trifenatate in uncontrolled asthma

Safety and efficacy of fluticasone furoate/vilanterol trifenatate (FF/VI) in COPD patients

J Lötvall[1], P Bakke[2], L Bjermer[3], S Steinshamn[4], C Crim[5], L Sanford[6], C Scott-Wilson[5], B Haumann[6]

[1]Krefting Research Centre, **University of Gothenburg**, Gothenberg, Sweden
[2]Department of Thoracic Medicine, **University of Bergen** and Haukeland University Hospital, Bergen, Norway
[3]Department of Respiratory Medicine and Allergology, Institute for Clinical Science, **Lund**, Sweden
[4]Lung Department, St. Olavs University Hospital of **Trondheim**, Trondheim, Norway
[5]Respiratory Medicine Development Centre, GlaxoSmithKline, RTP, USA
[6]Respiratory Medicine Development Centre, GlaxoSmithKline, London, UK

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CONFLICT OF INTEREST DISCLOSURE

Jan Lötvall has the following, real or perceived conflicts of interest:

-Served as a consultant to, and received lecture fees from, or been sponsored to attend congresses by:

-AstraZeneca

-GlaxoSmithKline

-Merck Sharpe and Dohme

-Novartis

-Oriel Therapeutics

-UCB Pharma

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ACKNOWLEDGEMENTS

- **Funded by GlaxoSmithKline**
- **Editorial support by Gardiner-Caldwell Communications, funded by GlaxoSmithKline**
- **Investigators and staff at the four study centres**

european respiratory society every breath counts

Background FF and VI combination

- Fluticasone furoate (FF)
  - Novel ICS - 24h activity
- Vilanterol trifenatate (VI)
  - Novel LABA - 24h activity
  - 25mcg optimal dose

- FF and VI (FF/VI)
  - Developed as once-daily combination treatment for COPD and asthma
- Current ICS/LABA therapies are indicated twice-daily
- ICS/LABA therapies can be further improved

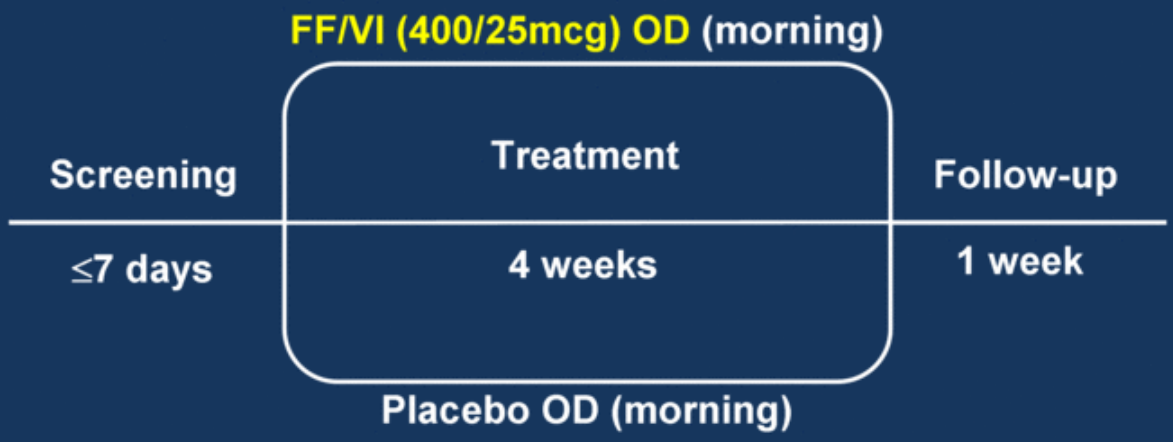
Objectives and endpoints, FF/VI once daily

- COPD
  - Safety
  - Tolerability
  - Efficacy

- Co-primary endpoints
  - Change in heart rate (ΔHR 0–4h)
  - Adverse events

- Secondary endpoints
  - Change in trough FEV_1 on Days 2, 15 and 29
  - Serial FEV_1 on Days 1 and 28
  - Time to ≥100mL increase in FEV_1 on Day 1

Study design



- 40-80 years of age at Visit 1
- Clinical history of COPD (ATS/ERS)
- Current or prior smoking history of ≥10 pack years
- Post-salbutamol FEV_1/FVC ratio of ≤0.70
- Post-salbutamol FEV_1 between ≥40 and ≤80% predicted at Visit 1

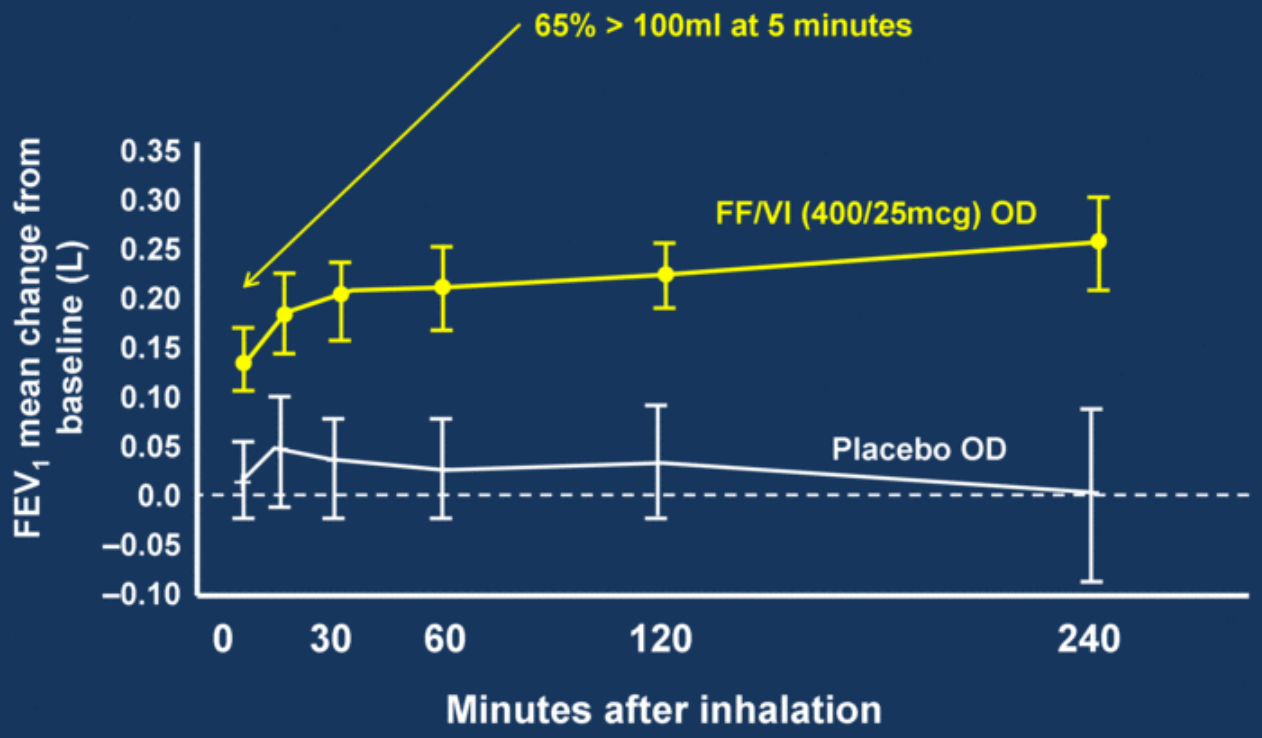
Intention To Treat (ITT):

- 60 randomised patients
  - 40 patients – FF/VI (400/25mcg) OD
  - 20 patients – placebo
- 5 patients withdrew
  - 3 adverse events (2 placebo)
  - 1 protocol deviation (placebo)
  - 1 lost to follow-up (placebo)

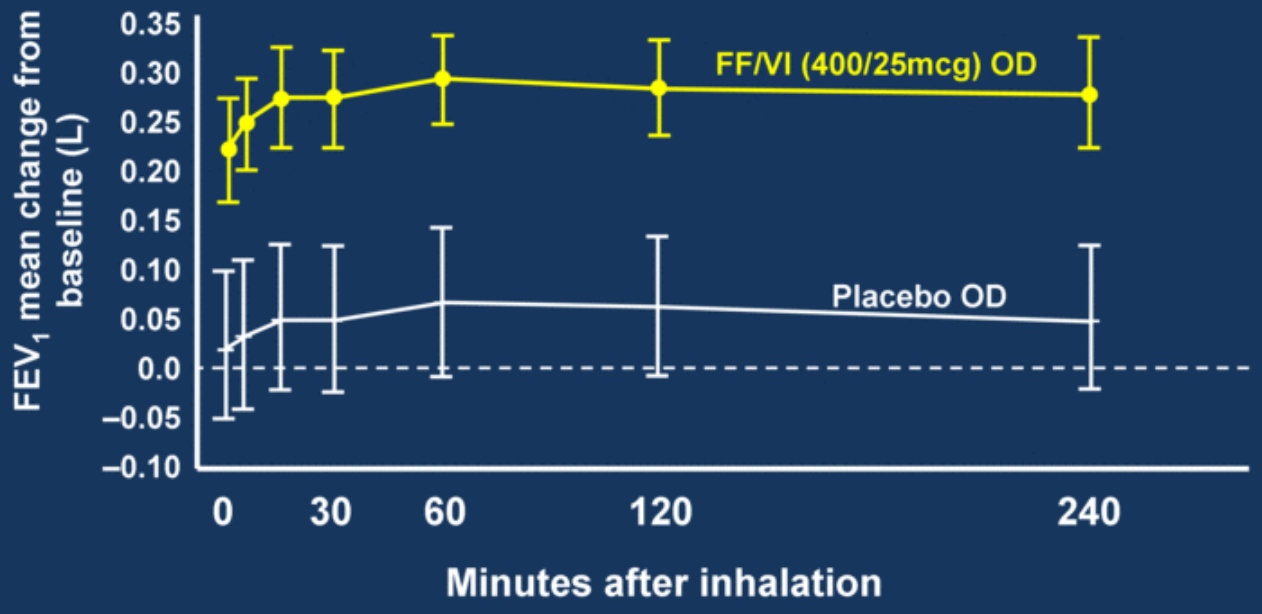
Demographics and lung function

- Similar between groups:
  - Mean age 63.6 years
  - 33% female
- Smoking history
  - 37% current smokers; 63% former smokers
  - Mean pack years = 33.8
- Screening lung function
  - Mean FEV_1 %: 59%
  - Mean FEV_1/FVC: 54%
  - Mean reversibility FEV_1: 15.6% (231mL)

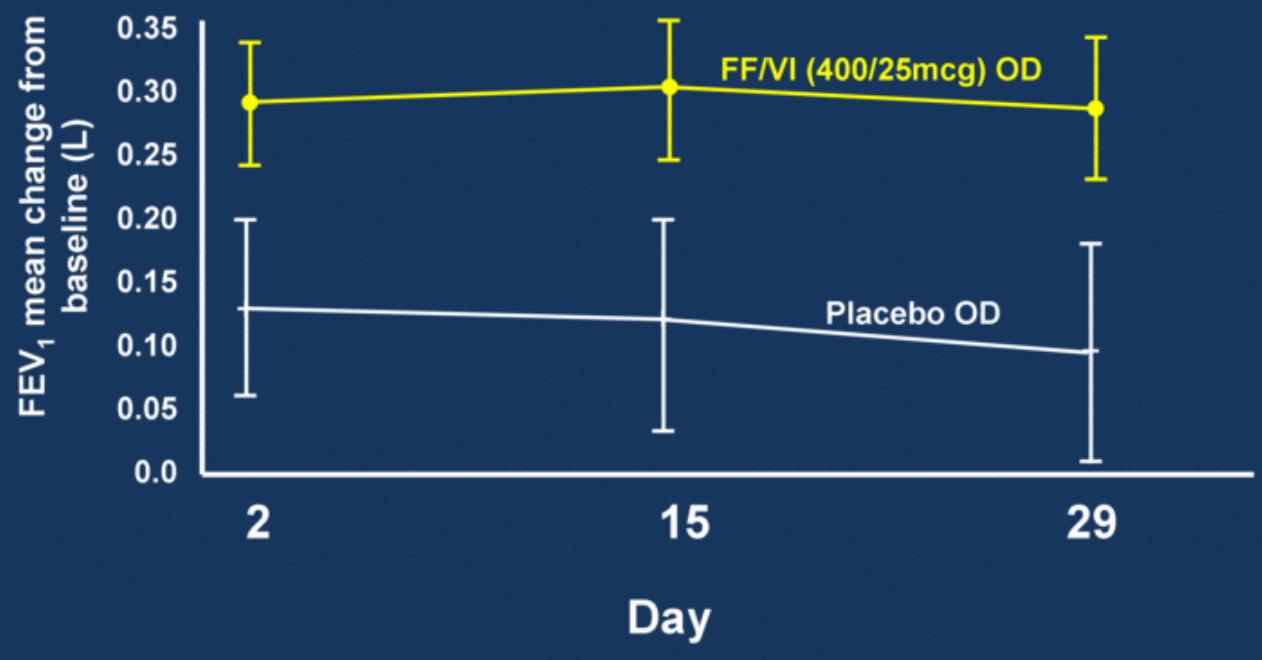
Time course of FEV_1: Day 1



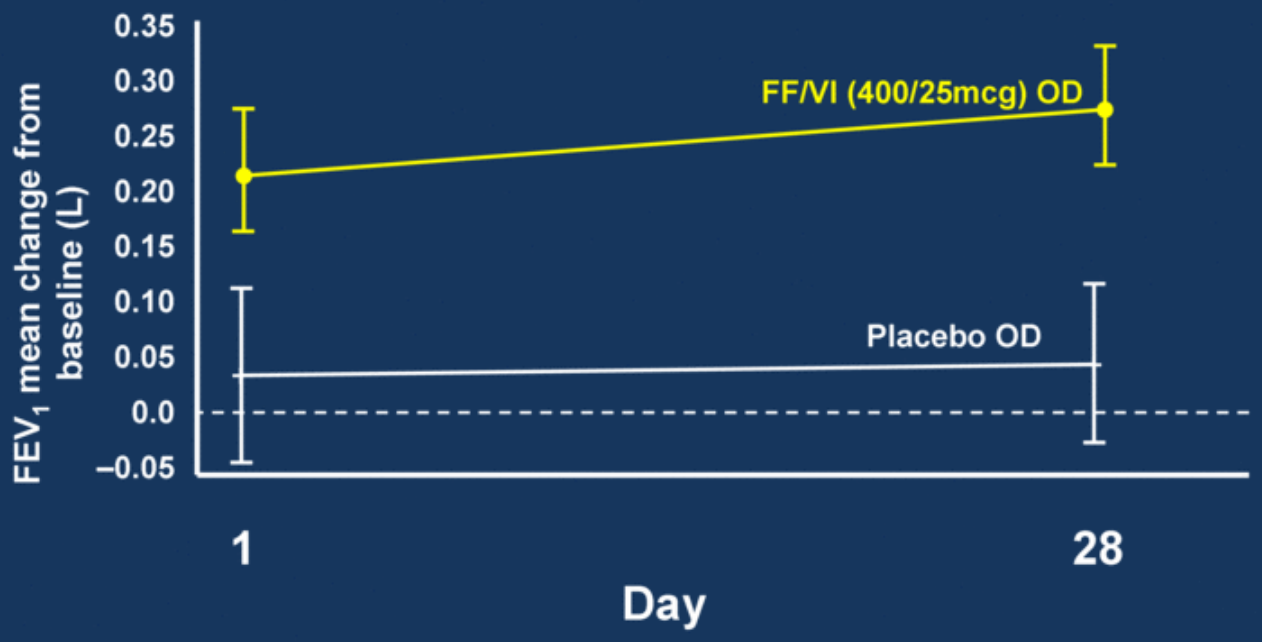
Time course of FEV_1: Day 28



Δ trough FEV_1



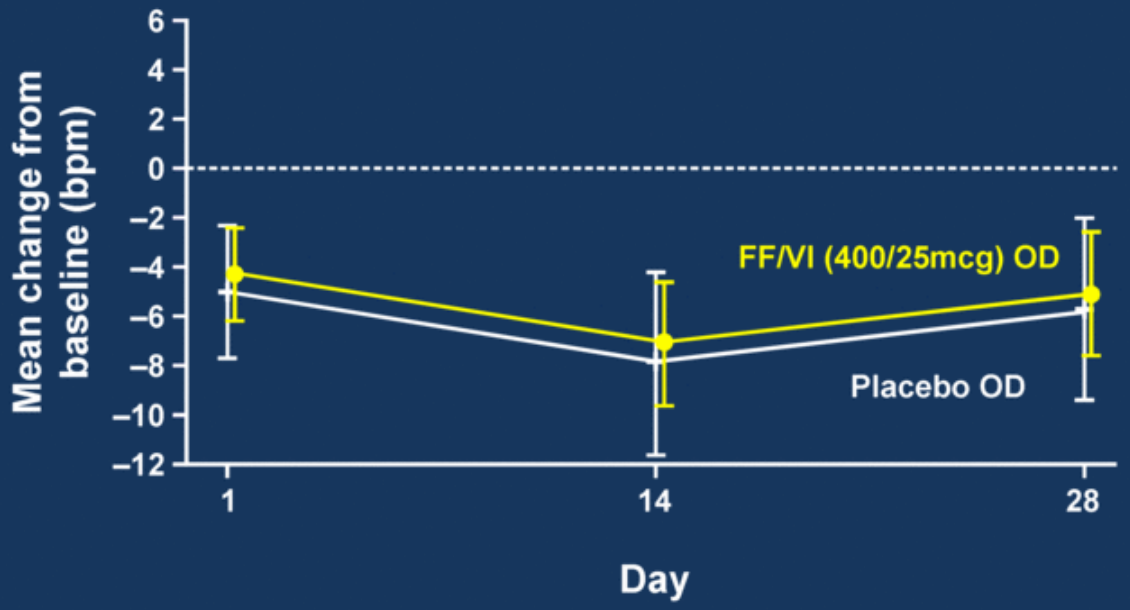
Adjusted mean change from baseline in weighted mean FEV_1



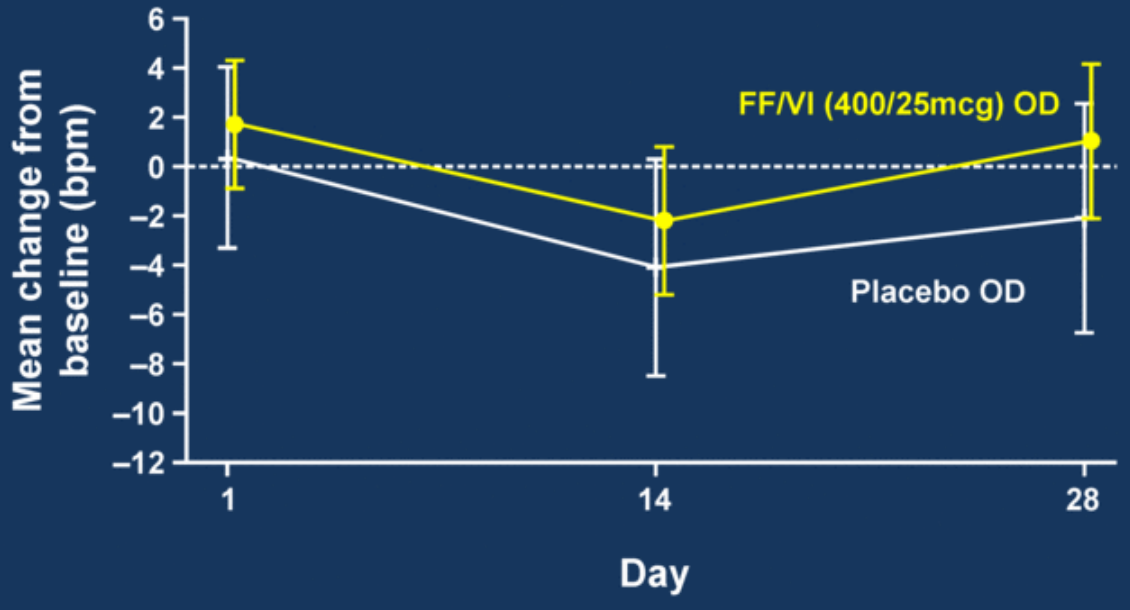
Common adverse events
(>1 patient)

n (%)	Placebo (N=20)	FF/VI (400/25mcg) OD (N=40)
Any event	10 (50)	27 (68)
Nasopharyngitis	3 (15)	7 (18)
Headache	1 (5)	6 (15)
Oral candidiasis	0 (0)	3 (8)
Dizziness	1 (5)	2 (5)
Chest Pain	1 (5)	1 (3)
Dysphonia	0 (0)	2 (5)

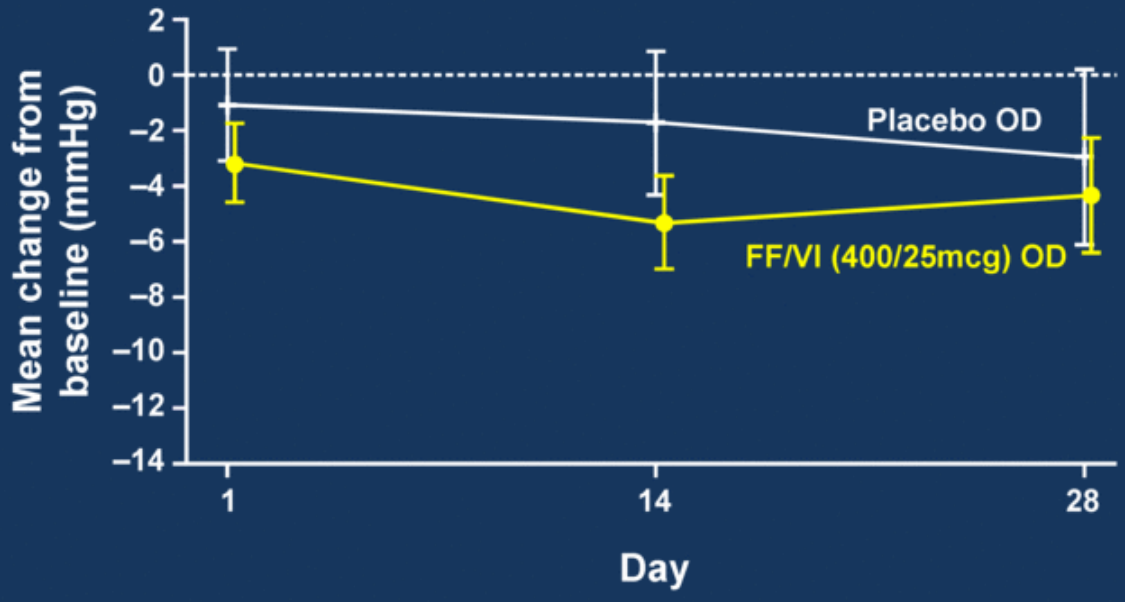
Adjusted mean change from baseline in weighted mean heart rate



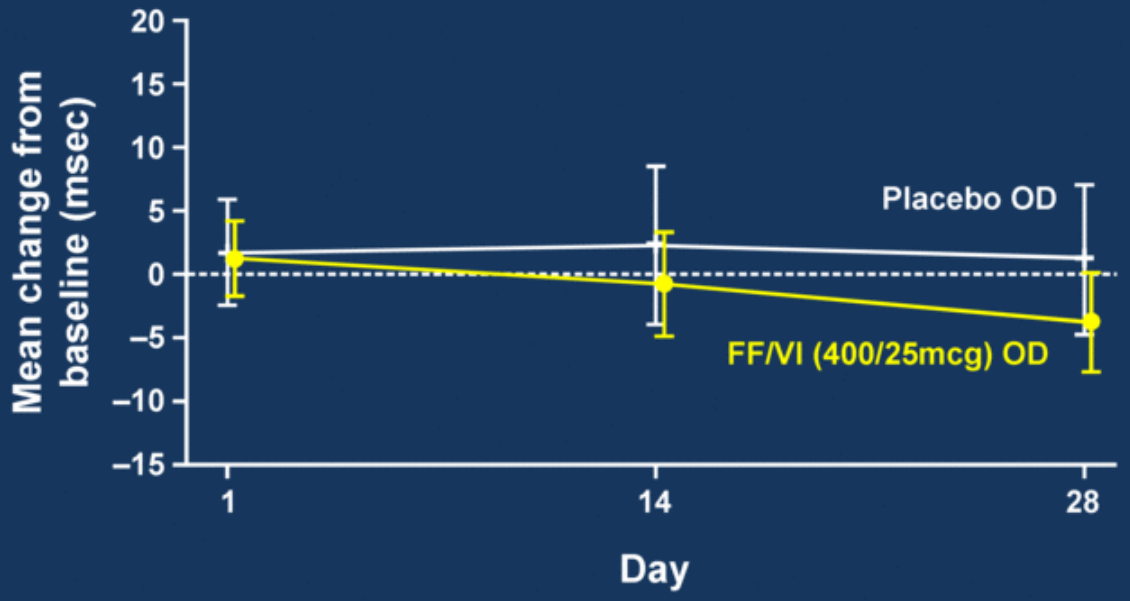
Adjusted mean change from baseline in maximum heart rate



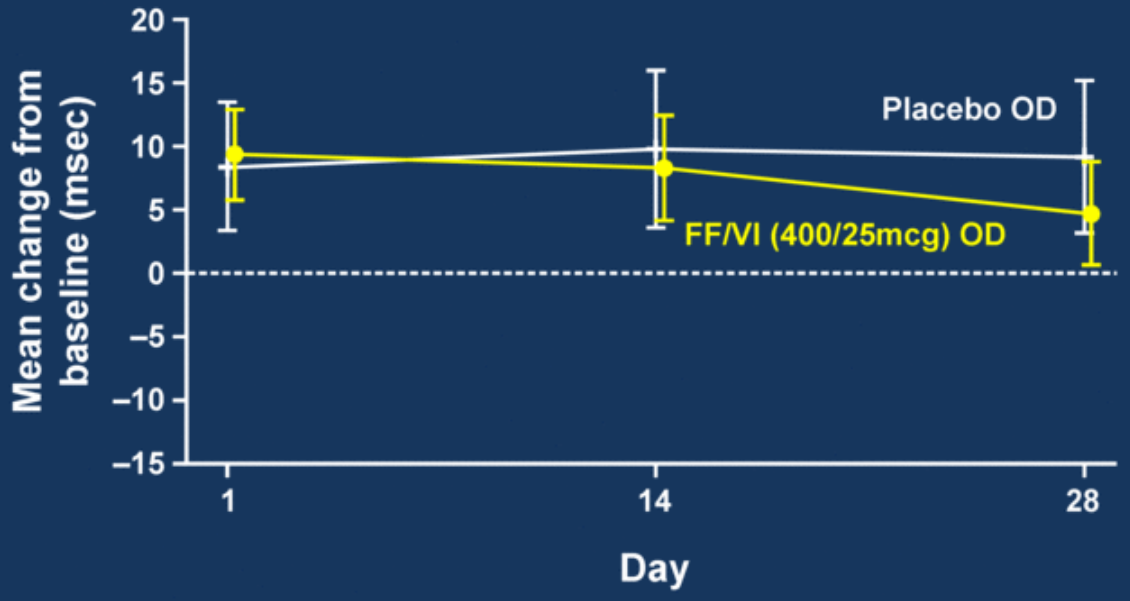
Adjusted mean change from baseline in weighted mean diastolic BP



Adjusted mean change from baseline in weighted mean QTcF



Adjusted mean change from baseline in maximum QTcF



Summary

- FF/VI demonstrated a clear improvement in 24h trough and serial FEV_1
- FF/VI was well tolerated over the 28-day treatment period
- FF/VI showed no adverse impact on HR or other vital signs
- FF/VI demonstrated no clinically relevant impact on QTc

Conclusions

- FF/VI is well tolerated and induces improvements in lung function in patients with COPD
- FF/VI may function as a once-daily combination therapy in COPD

24h duration of the novel long-acting β_2 agonist vilanterol trifenatate in uncontrolled asthma

Lötvall J[1], Bateman ED[2], Bleecker ER[3], Busse W[4], Woodcock A[5], Follows R[6], Lim J[6], Stone S[6], Jacques L[6], Haumann B[6]

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[2]Department of Medicine, University of Cape Town, Cape Town, South Africa
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[5]School of Translational Medicine, University of Manchester, Manchester, UK
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Acknowledgements

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- **Study management: Suus Baggen (GlaxoSmithKline)**
- **Investigators and staff 88 centres**

Background

- Adding a LABA to ICS improves asthma control
- Current ICS/LABA therapies are indicated twice-daily
- ICS/LABA therapies can be further improved
- Adherence may improve with once daily treatment
- Vilanterol trifenatate (VI)
  - Novel, inhaled LABA
  - Inherent 24h activity
  - Clinical efficacy not previously presented
  - In development as combination therapy
    - Asthma
    - COPD

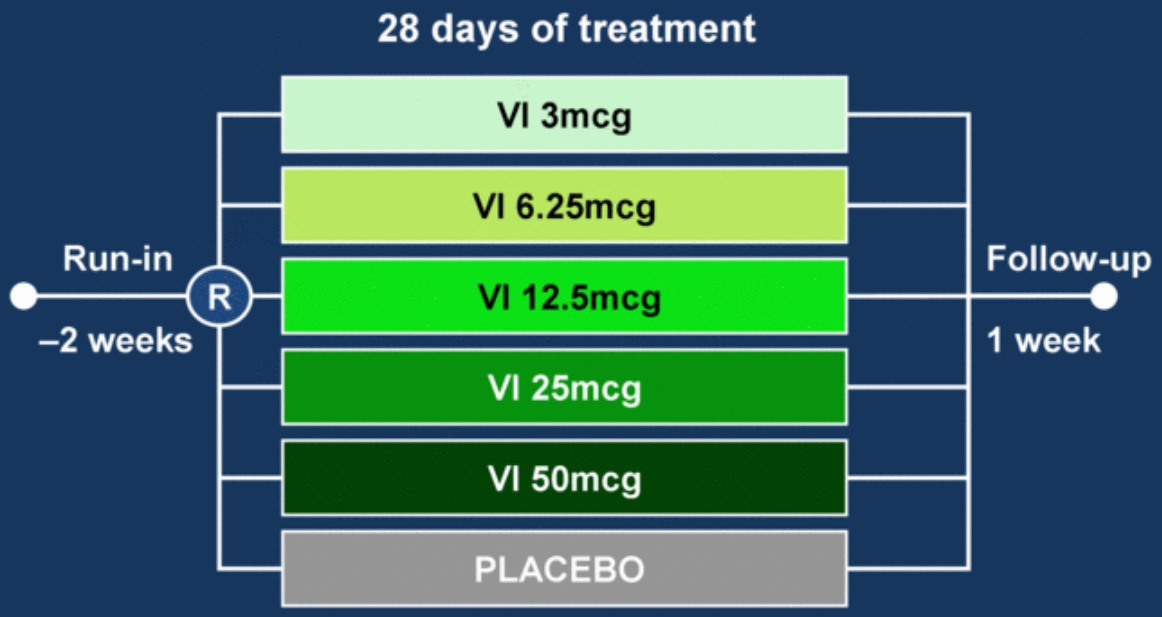
Study objectives

- To evaluate VI in asthma
  - Dose response
  - Clinical efficacy
  - Safety

  - Five doses of VI / Placebo
  - Dosing in evening
  - Persistent asthma
  - Regular treatment ICS

Study design

- Multicentre, randomised, double-blind, placebo-controlled, parallel-group, dose-ranging study
- Endpoints
  - primary: Δtrough FEV_1 Day 28
  - secondary:
    - Mean 24h FEV_1
    - Symptom-free days
    - Safety and tolerability

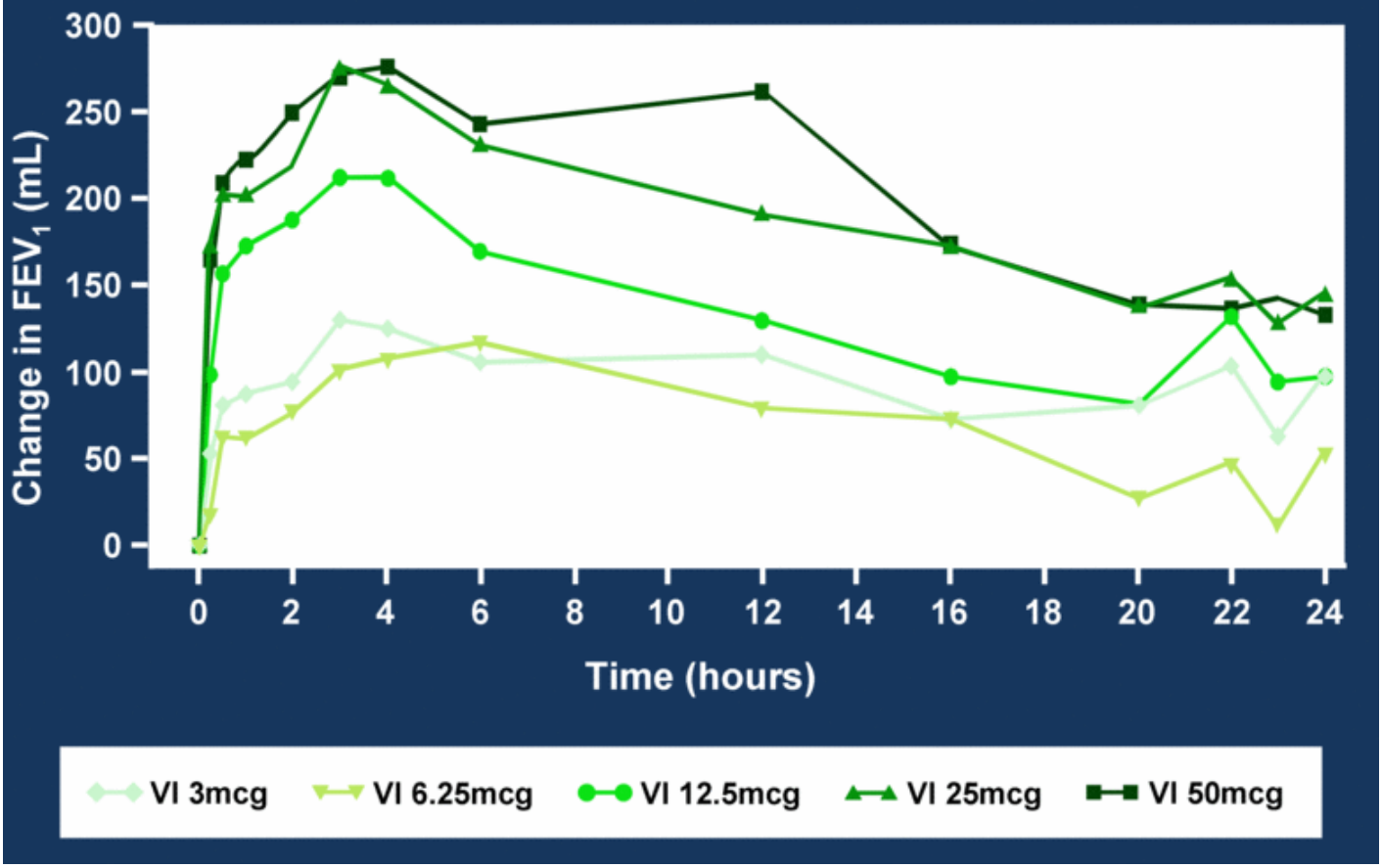


- ≥12 years of age at Visit 1
- History of persistent asthma
- FEV_1 reversibility ≥12% and ≥200 mL
- Maintenance ICS
- Pre-bronchodilator FEV_1 between ≥40 and ≤90% predicted at Visit 1

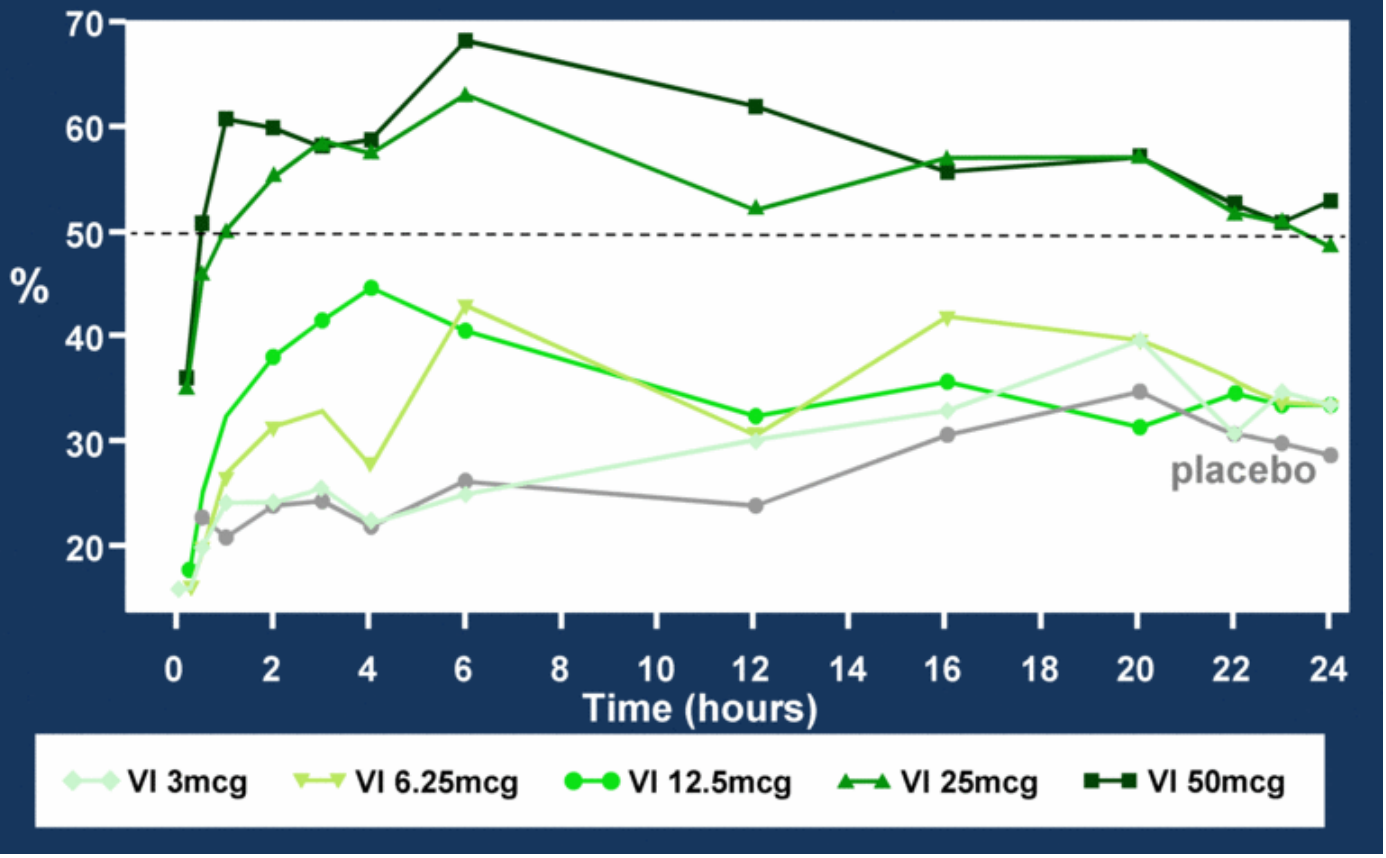
Patient demographics

- Across treatment groups
  - Mean age 40-44 years;
  - 50–60% female
- Screening lung function
  - Mean pre-bronchodilator FEV_1: 2.1–2.3L (65–68%)
  - Mean reversibility: 24–27%

Time course of FEV_1: Day 1 (difference from placebo)



Proportion of patients with Δ FEV1 ≥200mL & ≥12%: Day 1



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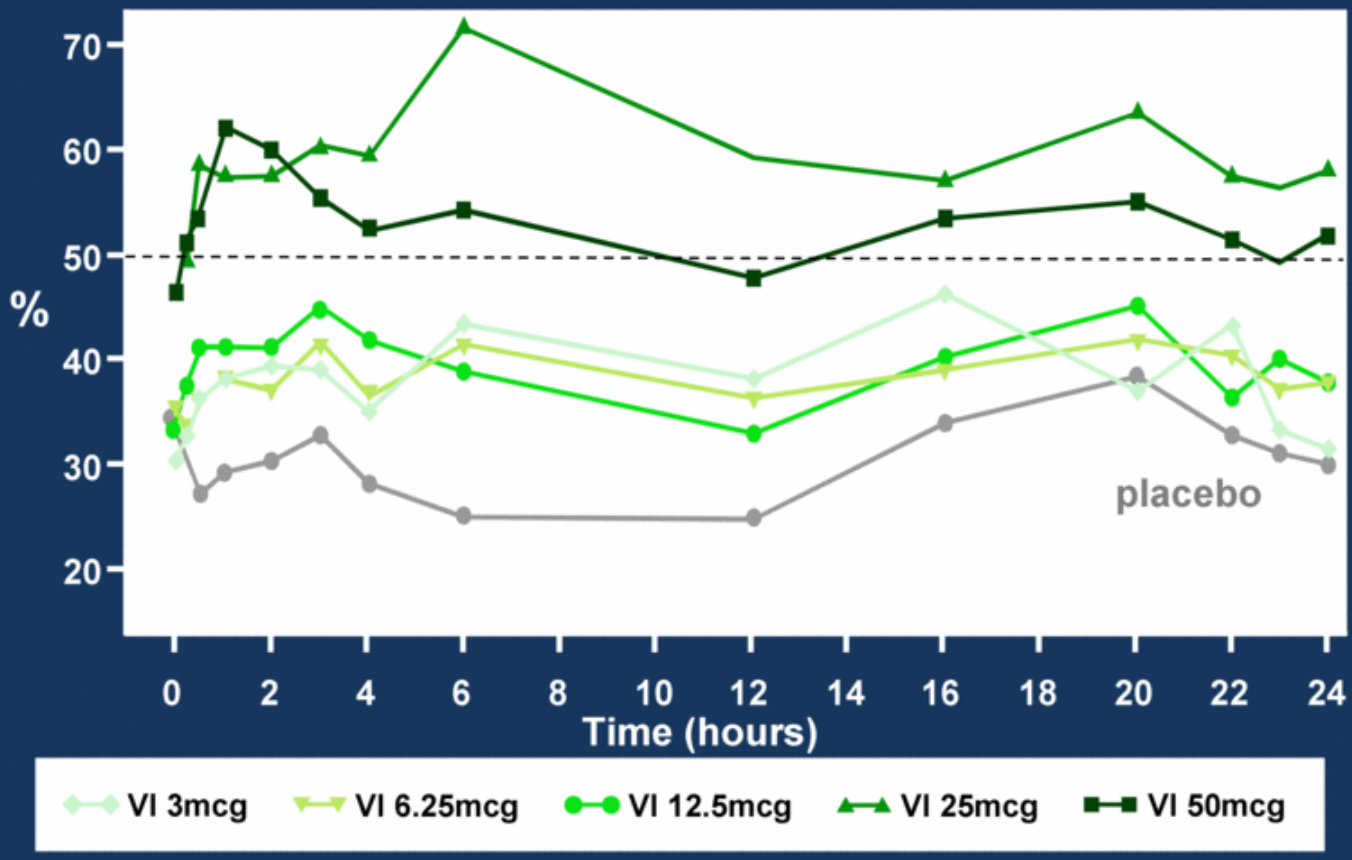
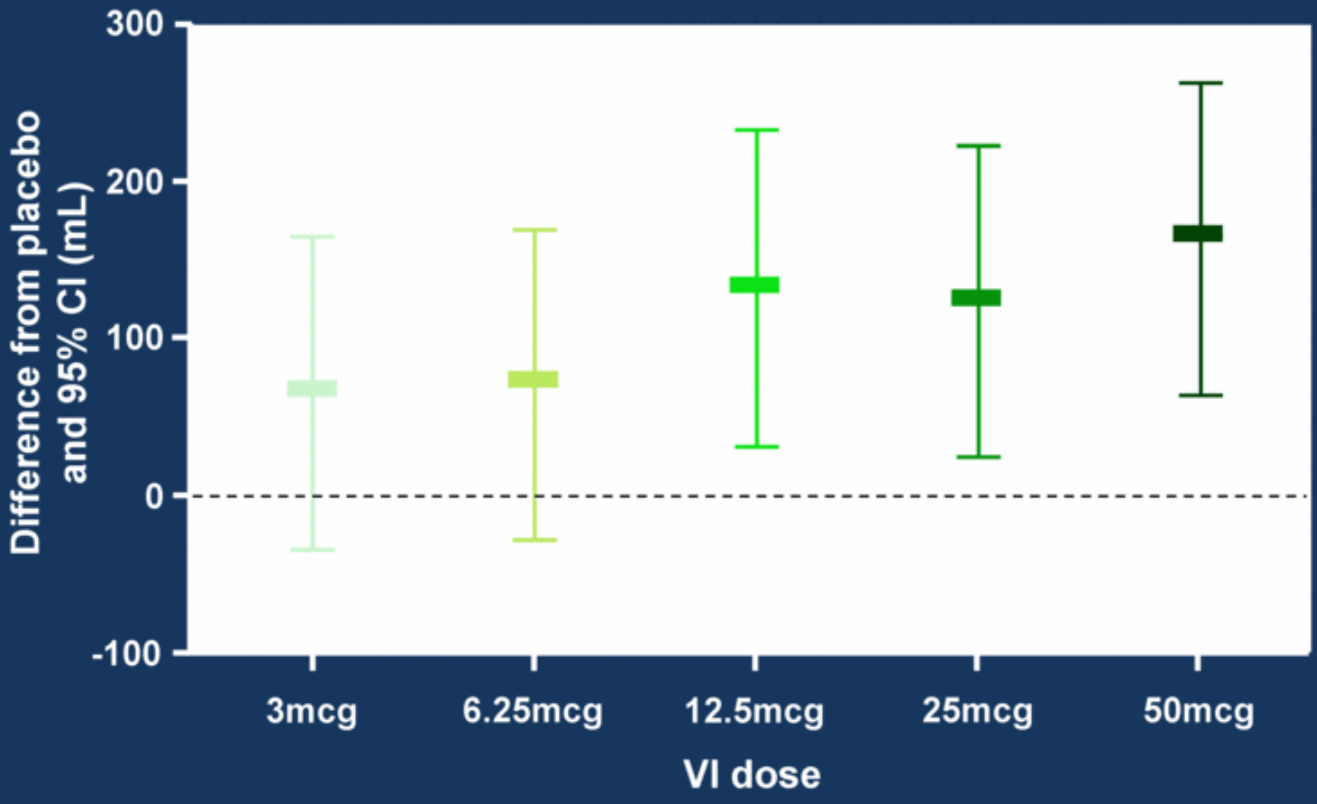
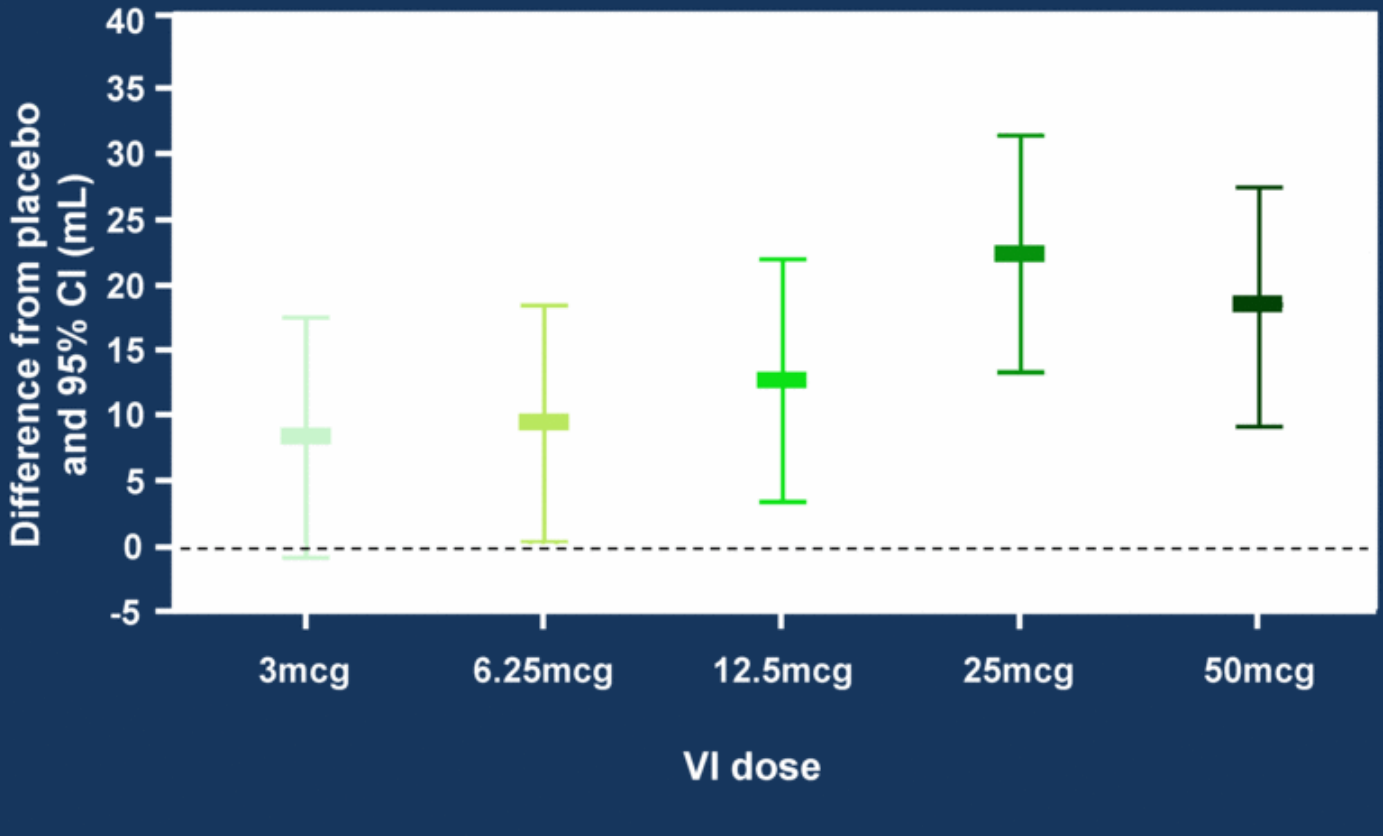


Change in baseline trough FEV_1 day 28



Percentage of symptom-free 24h periods



LABA-class associated AEs

- Headache (all groups) 7–12% VI, 8% placebo
- Tremor: 2 patients (6.25mcg)
- ↓ Glucose tolerance (1 patient 12.5mcg)
- ↑ Blood glucose levels: 1 patient (50mcg VI; unrelated to treatment)
- No AEs of low potassium reported
- No dose-dependent increases in AEs
- No serious AEs reported in any group
- No effect observed on QTcf

Conclusions

- In patients receiving maintenance ICS, VI:
  - FEV_1 duration of ≥24h at dose ≥12.5mcg
  - Beneficial therapeutic ratio at 12.5mcg - 50mcg
  - Optimal dose: 25mcg
  - Is well tolerated
- Developed as a once-daily ICS/LABA combination therapy for asthma/COPD