FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
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0.5

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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

1. Name and Address of Reporting Person* Nicholson John						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]								ck all applic Directo	cable)	g Pers	on(s) to Issi 10% Ow Other (s	vner
	Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH				3. Date of Earliest Transaction (Month/Day/Year) 02/06/2013										below) Financial Office			
(Street) SAN FRANCISCO CA 94158 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(9)			,	-Deriv	/ativ/	9 50	curitios	. Δc	quired, D	ienoead	of or F	onof	iciall	v Owned				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da					saction Day/Ye	Execution Date,			3. Transacti Code (Ins 8)	4. Secu Dispos tr. 5)	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) Amount (A) or (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Seneficial Ownership Instr. 4)
									uired, Dis s, options,					Owned				
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. Transaction Code (Instr. 8)				6. Date Exer Expiration D (Month/Day/	of Secu Underly Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Nui of	ount mber ares					
Stock Option	\$8.8	02/06/2013			A		92,500		(1)	02/05/202	Commo Stock	ⁿ 92	,500	\$0	92,500		D	
Stock Option	\$8.8	02/06/2013			A		92,500		(2)	02/05/202	1 Commo	n 92	,500	\$0	92,500		D	

Explanation of Responses:

- 1. This option was granted on February 6, 2013 and vests in monthly installments over the four-year period following the grant date.
- 2. This stock option is subject to both time-based vesting and performance-based vesting conditions, both of which must be met before the shares subject to the option become vested and exerciseable. The timebased vesting is on a monthly pro-rata basis over a period of four (4) years from the grant date (February 6, 2013). The performance-based vesting condition will be met only if Nektar (or a licensee) files a new drug registration with the FDA or the European Medicines Agency for a significant drug candidate program including, without limitation, the following: (1) naloxegol (an oral peripherally-acting opioid antagonist); (2) etirinotecan pegol (a topoisomerase I inhibitor); (3) NKTR-061/Amikacin Inhale (a drug-device combination for an inhaled solution of amikacin); or (4) BAX-855 (a longer-acting (PEGylated) form of a full-length recombinant factor VIII (rFVIII) protein).

Gil M. Labrucherie, Attorney-02/08/2013

** 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.