FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 ar	2. Is:	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer									
Name and Address of Reporting Person* Lingnau Lutz					NEKTAR THERAPEUTICS [NKTR]								Ι`	(Check all applicable)					
														X Directo			10% Ov	· I	
(Last) C/O NEI	(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS					3. Date of Earliest Transaction (Month/Day/Year) 09/19/2007								Officer (give title Other (specify below) below)				specify	
201 INDUSTRIAL ROAD						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN CARLOS CA 94070					09/2	09/21/2007								Line) X Form filed by One Reporting Person					
SAN CARLOS CA 94070														Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	Se	curities	s Ac	quired, Di	ispo	sed o	f, or Bei	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Ins	on 🏻	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amour Securitie Beneficia Owned F	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code V	-	Amount	ount (A) or (D)		Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, Tr	ransaction		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		able and 7. Title a of Secur		d Amount es G Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	ode '	v	(A)	(D)	Date Exercisable	Exp	oiration e	Title	Amount or Number of Shares						
Stock Option (Right to Buy) ⁽¹⁾	\$8.81	09/19/2007			A		15,000		(2)	09/1	19/2015	Common Stock	15,000	\$8.81	15,00	0	D		
Restricted Stock Units	\$0.01	09/19/2007			A		5,000		(3)		(4)	Common Stock	5,000	\$0.01	5,000 ⁽	(5)	D		

Explanation of Responses:

- 1. The Reporting Person is receiving this equity compensation under the Amended and Restated Plan for Non-Employee Directors.
- 2. 1/12th of the shares shall vest per calendar month following the date of grant with all of such shares vsting on September 19, 2008 provided that the Reporting Person continues his or her service as a director
- 3. The shares of common stock shall vest upon the one year anniversary of the date of grant (September 19, 2008), provided that the Reporting Person continues his or her service as a director through such date and further subject to the terms and conditions of the restricted stock unit agreement.
- 5. This Form 4 Amendment is being filed to correct the number of derivative securities owned following the transaction from 10,000 to 5,000.

Gil M. Labrucherie, Attorney-01/30/2008 in-Fact

** Signature of Reporting Person

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.