FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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 |

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 and Address of Reporting Person* DRAPEAU LOUIS | | | | | 2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] | | | | | | | | | | Check | tionship of Reportin all applicable) Director Officer (give title | | 10% | Issuer Owner r (specify |
|---|---|--|--|-------------------------------|---|--|---|-------|--|-----------------------------------|---------------------|---|---------------|---------|--|--|--|---|--|
| (Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 150 INDUSTRIAL ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2006 | | | | | | | | | | X | Sr. VP Finance, CFC | | | |
| (Street) SAN CA (City) | RLOS C | A S | 94070 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | |
| Date | | | | 2. Transa Date (Month/E | | ar) l | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Di Code (Instr. 5) | | . Securities Acquired (A) isposed Of (D) (Instr. 3, 4) | | | 4 and So | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | (11150.1.4) |
| Common Stock | | | | 03/03/2006 | | 5 | | | P | | 1,000 |) | A | \$20.08 | | 3 1,000 | | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | Date, Transaction Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisable | | Expiration Date | Number of Title Shares | | | | | | | |

Explanation of Responses:

/s/ Louis Drapeau

03/03/2006

** 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.