FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

87 Estimated average burden hours per response: 0.5

## 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* <u>Hora Maninder</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify					
	ast) (First) (Middle) /O NEKTAR THERAPEUTICS 55 MISSION BAY BOULEVARD SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 10/05/2017										low)		Dev 8	below)	. ,
(Street) SAN FRANCISCO CA 94158					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																					
			le I - No						÷	-	Disp	1							_		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Da			Code (Instr.							4 and Sed Bed Ow		5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
						[	Code	/	Amount	()	A) or D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock <sup>(1)</sup>		5/2017	2017			M		7,583	3	A	\$10.6	9	65,816 <sup>(2)</sup>			D				
Common Stock <sup>(1)</sup> 10/05/										S		7,583	3 D \$		\$25(3	(3) 58,233(				D	
		7	able II -									sed of onverti				Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	4. Transa Code ( 8)				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	Derivat Securit	B. Price of Derivative Gecurity Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable		xpiration ate	Title		Amount or Number of Shares						
Stock Option <sup>(1)</sup>	\$10.69	10/05/2017			M		Τ	7,583	02/0	08/2015	0:	2/07/2019	Comn		7,583	\$0.00	)	22,417	7	D	

## **Explanation of Responses:**

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person for options expiring on February 7, 2019.
- 2. This number includes 6,000 shares held by the reporting person from the Issuer's ESPP plan. The acquisition of these shares under this plan is exempt under Rule 16b-3(c).
- 3. This transaction was executed in multiple trades at prices ranging from \$25.00 to \$25.02. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide full information regarding the number of shares and the prices at which the transactions were effected upon request to the SEC staff, the issuer, or a security holder of the issuer.

## Remarks:

Mark A. Wilson, Attorney-in-

\*\* Signature of Reporting Person

Fact

10/10/2017

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.