SEC Form 4	
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# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	to
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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									

hours per response:	0.5
Estimated average burden	

	1 0	on*	2. Issuer Name <b>and</b> Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
1. Name and Address of Reporting Person* Lingnau Lutz (Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH (Street)				X	Director	10% Owner		
	(First) (Middle) KTAR THERAPEUTICS SSION BAY BOULEVARD SOUTH				Officer (give title	Other (specify		
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)		
C/O NEKTAR	THERAPEUTICS		09/20/2018					
455 MISSION	BAY BOULEVAF	ND SOUTH						
·			4. If Amendment, Date of Original Filed (Month/Day/Year)		ridual or Joint/Group Filir	ng (Check Applicable		
(Street)				Line)				
SAN	CA	0.4150			Form filed by One Rep	0		
FRANCISCO	CA	94158			Form filed by More the Person	an One Reporting		
(City)	(State)	(Zip)						

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(11341 4)
Common Stock <sup>(1)</sup>	09/20/2018		S		9,000	D	\$56.98 <sup>(2)</sup>	18,450	D	

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### **Explanation of Responses:**

1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

2. This transaction was executed in multiple trades at prices ranging from \$56.32 to \$57.54. 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:**



09/21/2018

\*\* 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.