FORM 4

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGE
obligations may continue. See	

S IN BENEFICIAL OWNERSHIP

1	ONID AFFROVAL									
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	hours per response:	0.5								

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

Name and Address of Reporting Person*     Labrucherie Gil M						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle)						Date o	f Earl	iest Trans	saction (N	/lonth	/Day/Year)	$\dashv$	X Officer below)	O#i /i titl-		Other (specify below)			
C/O NEKTAR THERAPEUTICS					11	/11/2	015						3	VP & Gel	ierai	Couriser			
455 MIS	SION BAY	BOULEVARD	SOUTH																
(Street) SAN FRANCISCO CA 94158					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
														Form filed by One Reporting Person  Form filed by More than One Reporting					
					-									Persor					
(City)	(S		(Zip)																
			le I - No						·	, Dis	<del>.</del>	-		ly Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yo		Execution Date		on Date,	Transa Code (	Code (Instr.		es Acquired Of (D) (Insti		Beneficially Owned Followin		Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock <sup>(1)</sup>				11/11	1/11/2015				М		33,333	A	\$6.98	38	,084		D		
Common Stock <sup>(1)</sup>				11/11	1/2015				М		11,667	A	\$6.46	49,751			D		
Common Stock <sup>(1)</sup> 11/2				11/11	1/2015	2015		S		45,000	D	\$13.52	(2) 4,	,751		D			
			Table II								oosed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	Conversion Date Exe or Exercise (Month/Day/Year) if a			tion Date,		4. Transaction Code (Instr. 8)		n of i		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						
Stock Option <sup>(1)</sup>	\$6.98	11/11/2015			M			33,333	12/21/20	011	12/20/2015	Common Stock	33,333	\$0.00	33,334	4	D		
Stock Option <sup>(1)</sup>	\$6.46	11/11/2015			M			11,667	02/25/20	012	02/24/2016	Common Stock	11,667	\$0.00	35,000	0	D		

## **Explanation of Responses:**

1. This transaction was made pursuant to a Rule 10b5-1 trading plan for stock options scheduled to expire in 2015 and early 2016 as described in the Current Report on Form 8-K filed by Nektar Therapeutics on July 16, 2015.

2. This transaction was executed in multiple trades at prices ranging from \$13.18 to \$13.98. 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:

Gil M. Labrucherie

11/13/2015

\*\* 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.