FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

hington, D.C. 20549	OMB APPROVAL
SEO IN DENIEFICIAL CHANEDOLIID	OMP Number: 2225

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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* BROWN MICHAEL A/CA			2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
												X Directo	r		10% Ow	ner		
(Last)	`	irst) RAPEUTICS	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/19/2007							Officer (give title Other (specify below) below)				pecify		
201 INDUSTRIAL ROAD																		
201 INDUSTRIAL ROAD			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable									
(Street)													Line	•		_	5	
SAN CA	RLOS C	A	94070											Form fi	led by Mor		rting Persor One Repor	
													Person					
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-	Deriva	ative	Se	curities	s Ac	quired, Di	ispose	ed o	f, or Bei	neficiall	y Owned				
Date		2. Transa Date (Month/D	Execution Date,		Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)				5. Amour Securitie Beneficia	s For	Form (D) or	: Direct 0 Indirect I	7. Nature of Indirect Beneficial Ownership				
			(WOITH/Day/Tear)		") 0)	` 			_	Owned Following Reported				(Instr. 4)				
						Code V Amount (A) or P		Price	Transact (Instr. 3 a	nsaction(s) str. 3 and 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/\)	ution Date, C		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		nd	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) (Instr. 5) 8. Numb derivative Securitie Geuritie Owned Followin Reporter Transact (Instr. 4)		e Ownership s Form: ally Direct (D) or Indirect g (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amount or Number of Shares					
Stock Option (Right to Buy) ⁽¹⁾	\$8.81	09/19/2007			A		15,000		(2)	09/19/2	2007	Common Stock	15,000	\$8.81	137,50	00	D	
Restricted Stock Units ⁽¹⁾	\$0.01	09/19/2007			A		5,000		(3)	(4)		Common Stock	5,000	\$0.01	10,00	0	D	

Explanation of Responses:

- 1. The Reporting Person is receiving this equity compensation under the Amended and Restated Compensation Plan for Non-Employee Directors.
- 2. 1/12th of the shares shall vest per calendar month commencing September 19, 2007. The shares shall fully vest on September 19, 2008 provided that the Reporting Person continues his or her service as a director through such date.
- 3. The shares of common stock shall vest upon the one year anniversary of the date of grant (or 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.
- 4. Not applicable.

/s/ Gil M. Labrucherie, 09/21/2007 Attorney-in-Fact

** 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.