FORM 4

## **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 CHAN
obligations may continue. See Instruction 1(b).	Filed pursuant to Section

**OMB APPROVAL** OMB Number: IGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     GILL AJIT						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]							(Ch	Relationship eck all appli X Directo	cable)	orting Person(s) to Issuer 10% Owner			
(Last) 150 IND	(F USTRIAL	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/07/2005								X Officer below)	er (give title v) President &		Other (specify below)		
(Street) SAN CA (City)	AN CARLOS CA 94070  ity) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)  ative Securities Acquired, Disposed of, or Benefic							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of S	Security (Ins		ne i - ivo	2. Trans		2.6	. Dee	med	3.	, Dis	4. Securitie	es Acquirec	d (A) or	5. Amoun	t of	6. Owr		7. Nature of	
j`` j			Date (Month/	Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)			Of (D) (Instr. 3, 4 a		Securities Beneficial Owned Fo	ly (D) or		Indirect	Indirect Beneficial Ownership		
					ľ				v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)		
Common Stock 01/07/2				7/2005	:005		М		42,800	A	\$19.19	118,	112	I		See Footnote <sup>(1)</sup>			
		-	Table II	Deriv	ative puts,	Secu calls	ıritie S, Wa	es Acq arrants	uired, l	Disp ns,	osed of, convertil	or Bend ble secu	eficially ırities)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst 8)				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. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					Code	ode V		(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (Right to	\$4.5625	01/07/2005			M			42,800	(2)		01/18/2005	Common Stock	42,800	\$0	0		I	See Footnote <sup>(1)</sup>	

## **Explanation of Responses:**

- 1. By the Ajit S. & Ann C. Gill 1998 Family Trust dated October 14, 1998.
- 2. The Shares were fully exercisable as of May 10, 2000.

/s/ Paula S. Kasler, by power of 01/10/2005 <u>attorney</u>

\*\* Signature of Reporting Person

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.