FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* ROBIN HOWARD W						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
KODII	110 1171	TO W			_										Directo			10% Ow	·		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title Presider	nt & C	Other (s below)	респу		
C/O NEKTAR THERAPEUTICS					10	10/06/2015									President & CEO						
455 MIS	SION BAY	BOULEVARD	SOUTH																		
(Street) SAN	C	CA 94158				4. If Amendment, Date of Original Filed (Month/Day/Year)								ne)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person						
FRANC	ISCO														Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		_										Person						
		Tak	le I - No	on-Deri	vativ	e Se	curit	ies Ac	quired	, Dis	sposed o	f, or Be	neficia	lly O	wned						
			2. Transaction Date (Month/Day/Year)		Execution Date, ar) if any				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										v	Amount	(A) or (D)	Price	т	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
Common	Stock ⁽¹⁾			10/06	5/2015				M		58,333	A	\$6.9	8	68,	,333		D			
Common	Stock ⁽¹⁾			10/06	5/2015				М		66,667	A	\$6.4	135,000		5,000	D				
Common	Stock			10/06	5/2015				S		125,000	D	\$10.9	9(2)	10,000			D			
Common Stock													410				oy spouse				
		-	Table II								oosed of, convertil			y Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)				6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	Deri Secu	Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares	1							
Stock Option ⁽¹⁾	\$6.98	10/06/2015			M			58,333	12/21/20	011	12/20/2015	Common Stock	58,333	\$ \$(0.00	466,66	7	D			
Stock Option ⁽¹⁾	\$6.46	10/06/2015			M			66,667	02/25/20	012	02/24/2016	Common Stock	66,667	7 \$0	0.00	266,66	7	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
- 2. This transaction was executed in multiple trades at prices ranging from \$10.21 to \$11.46. 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, Attorney-

10/08/2015

in-Fact

** 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.