FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

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* <u>Labrucherie Gil M</u>						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 Officer (check title 10% Owner)					/ner
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 10/02/2017								X Officer (give title below) Other (specify below) SVP & Chief Financial Officer						
(Street) SAN FRANCI			94158		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	,				
(City)	(S	tate)	(Zip)									f D.		- 11	0				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date			saction	tion 2A. Deemed Execution Date,		quired, Disposed of, or Benefic 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4 in the content of the content			d (A) or	5. Amount of Securities Beneficially Owned Follor Reported		s lly ollowing	Form: (D) or	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D) Prid)	Transaction(s) (Instr. 3 and 4)						
Common Stock ⁽¹⁾ 10/02/2				2/201	2017		M		120,00	0 A	<u> </u>	1.34	183,414 ⁽²⁾			D			
Common Stock ⁽¹⁾ 10/02/2				2/201	017 S 120,000 D \$2		\$24	.45(3)	³⁾ 63,414 ⁽²⁾		D								
			Table II								osed of converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Insti		n Derivative		6. Date Exercis Expiration Date (Month/Day/Yea		te	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)				9. Number derivative Securities Beneficial Owned Following Reported Transaction	Ow For Dire or I (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		Expiration Date	Title	Amou or Numb of Sha	er	t (Ins				
Stock Option ⁽¹⁾	\$11.34	10/02/2017			M			120,000	02/01/2	014	01/31/2018	Common Stock	120,0	000	\$0.00	0		D	

Explanation of Responses:

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by Mr. Labrucherie on May 22, 2017 related to 120,000 stock options scheduled to expire on January 31, 2018.
- 2. This number includes 997 shares held by the reporting person in the Issuer's 401(K) plan and 3,250 shares held by the reporting person in the Issuer's ESPP plan. The acquisition of these shares under both plans is exempt under Rule 16b-3(c).
- 3. This transaction was executed in multiple trades at prices ranging from \$23.99 to \$24.74. 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:

Mark A. Wilson, Attorney-in-Fact

10/03/2017

** 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.