FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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l	OMB APPRO	VAL			
	OMB Number:	3235-0287			
l	Estimated average burd	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*  CHESS ROBERT					2. Issuer Name <b>and</b> Ticker or Trading Symbol  NEKTAR THERAPEUTICS [ NKTR ]									nship of Reportin applicable) Director		10% Ov	wner	
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 08/01/2016									r (give title )		Other (s below)	specify
(Street) SAN FRANCISCO CA 94158				- 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	•	(Zip)	n Doris	rative	. Soc	uriti	ios Ac	auirad	Di	cnocod o	of or Bo	noficial	ly Owno				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				ction	ion 2A. Deemed Execution Date,		Transaction Disposed Of Code (Instr.			s Acquired (A) or of (D) (Instr. 3, 4 and 5)		5. Amo Securit Benefic Owned	unt of ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Report Transa (Instr. 3	ction(s)			(Instr. 4)
Common Stock <sup>(1)</sup> 08/01/20					2016	16		M		5,000	A	\$5.15	265	,623(2)		D		
Common Stock <sup>(1)</sup> 08/01/20			2016	016		S		5,000	D	\$17.26	(3) 260	260,623 <sup>(2)</sup>		D				
		Т	able II								oosed of converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	n Date, Trans Code			of		6. Date Exercisable Expiration Date (Month/Day/Year)		te	Amount of		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e Constitution of the Cons	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares					
Stock Option <sup>(1)</sup>	\$5.15	08/01/2016			M			5,000	09/30/20	)9	09/30/2016	Common Stock	5,000	\$0.00	0		D	

## **Explanation of Responses:**

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person and is related to a stock option that was scheduled to expire on September 30, 2016.
- 2. This number includes 4,914 shares held by the reporting person in the Issuer's 401(k) plan. The acquisition of these shares under that plan is exempt under Rule 16b-3(c).
- 3. This transaction was executed in multiple trades at prices ranging from \$17.14 to \$17.36. 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, Attorneyin-Fact

08/03/2016

\*\* 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.