FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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]								(Chec	k all app Dired	olicable)		Issuer Owner r (specify
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2017								X	belov			v)` ´
(Street) SAN FRANCI (City)			94158 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	Forn Forn	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benef	icially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 18)					Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	Amount (A) or Pri		ce	Trans	action(s) 3 and 4)		(Instr. 4)		
Common Stock 05/16/20				2017	017		S		3,179(1)	D	\$1	9.55(2)	60	5,091 ⁽³⁾	D			
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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sed (Ins	Price of ivative curity str. 5)	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er				

Explanation of Responses:

- 1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of the RSUs held by the reporting person. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- 2. This transaction was executed in multiple trades at prices ranging from \$19.31 to \$19.90. 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.
- 3. This number includes 997 shares held by the reporting person in the Issuer's 401(K) plan and 2,750 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).

Remarks:

Mark A. Wilson, Attorney-in-

<u>Fact</u>

** Signature of Reporting Person

Date

05/18/2017

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.