FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT (	OF CHANGES I	N 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*  Thomsen Jillian B.						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]									k all app Dired	olicable)	g Person(s) to I 10% ( Other	
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 11/16/2018							_ ^	SVP	,	below ccounting Off	′ l	
(Street) SAN FRANCI (City)	SCO		94158 (Zip)		4. If	Amen	dment,	Date o	of Origina	al File	d (Month/Da	ay/Year	)	6. Ind Line)	Forn	n filed by One n filed by Mor	n Filing (Check A Reporting Pers re than One Rep	son
		Tabl	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or I	3enef	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) of (D) (Instr. 3, 4)			or and 5)	Secur Benef Owne	ities F icially (I d Following (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pr	ce		action(s) 3 and 4)		(Instr. 4)
Common Stock 11/16/20				018		S		4,016(1)	4,016 <sup>(1)</sup> D \$3		38.25 <sup>(2)</sup>	(2) 157,249(3)		D				
		Та	able II -								osed of, convertib				wned			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Dei Sed (Ins	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	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 \$37.47 to \$38.97. 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 988 shares held by the reporting person in the Issuer's 401(K) plan and 4,170 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:

. Wilson, Attorney-in-

\*\* Signature of Reporting Person

Date

11/19/2018

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.