FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person* Curet Myriam			N	2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]								(Che	elationship of the control of the co	able)	g Pers	on(s) to Issi 10% Ow			
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/18/2023									Officer below)	(give title		Other (s below)	pecify
C/O NEKTAR THERAPEUTICS				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable					
455 MISSION BAY BLVD SOUTH, SUITE 100												Line							
(Street)														Form filed by More than One Reporting Person					
_	FRANCISCO CA 94158					Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										to			
		Tab	le I - Non	-Deriv	/ativ	e Se	curities	s Acc	quired,	Disp	osed o	f, or B	ene	ficiall	y Owned				
Date					Day/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F Reported	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code			v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	ion(s)			111301. 4)	
Common Stock			09/18	3/2023			S		4,359	(1))	\$0.69	27,	27,418		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 (Instr. 3) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/D				Date, Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisab		xpiration ate	Title	O N O	lumber					
Stock Option	\$0.68	09/19/2023			A		85,000		(2)	0	9/18/2031	Commo Stock	8	5,000	\$0.00	85,000)	D	

Explanation of Responses:

- 1. Represents the number of shares required to be sold by the reporting person to cover tax obligations in connection with the vesting of certain RSUs held by the reporting person. This sale is mandated by the reporting person's previous election under the Issuer's equity incentive plans to require the satisfaction of tax obligations to be funded by a "sell to cover" transaction.
- 2. This stock option vests in equal monthly installments over the one-year period beginning on September 19, 2023.

Remarks:

Mark A. Wilson, Attorney-in-

Fact

** Signature of Reporting Person

Date

09/20/2023

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.