FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
l	OMB Number:	3235-0287								
	Estimated average burden									
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*  WANG SUSAN						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WAING SUSAIN											-	-		X Directo	or		10% Ov	vner	
(Last)	(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS							3. Date of Earliest Transaction (Month/Day/Year) 09/15/2015							Officer (give title below)			specify	
455 MISSION BAY BOULEVARD SOUTH																			
455 IVIIS	SION BAY	DOULE VARD	4 1	A If Assess descript Date of Original Filed (Marsh/D. 27)								C. Individual or Jaint/Croup Filing (Charle Anniharkia							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN														X Form f	iled by One	Repo	rting Perso	n	
FRANCISCO CA 94158											Form filed by More than One Repo Person				rting				
(City)	(S	itate)	(Zip)																
		Tak	ole I - Non	-Deriva	ative	e Se	curities	s Ac	quired, D	Disp	osed o	f, or Be	neficial	ly Owned	ı				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			Code (Instr.   5)					Beneficia Owned F	es Form ally (D) of Following (I) (II		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
			Table II - [											Owned					
			. (	e.g., p	uts,	calls	s, warra	ants	, options	s, co	onvertii	oie seci	irities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	3A. Deemed Execution D if any (Month/Day/	ate, T	ransa ode (I		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)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option	\$12.8	09/15/2015			Α		12,500		(1)	09	9/14/2023	Common Stock	12,500	\$0.00	12,500		D		
Restricted Stock Unit	(2)	09/15/2015			A		15,000		(3)	09	9/14/2023	Common Stock	15,000	\$0.00	15,000		D		

## **Explanation of Responses:**

- 1. This option was granted on September 15, 2015 and vests in equal monthly installments over the one-year period following the grant date.
- 2. Each restricted stock unit represents a contingent right to receive, upon vesting of the unit, one share of the issuer's common stock.
- 3. This restricted stock unit award vests in full one year following the grant date.

## Remarks:

<u>Gilbert M. Labrucherie, Jr.,</u>
<u>Attorney-in-Fact</u>

09/17/2015

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.