SEC For	rm 4 FORM	4	UNITED	) STA	TES	5 SI	ECUR	ITIE	ES AND	ΡE	XCHA	NGE	E CO	MMI	SSION				
-						Washington, D.C. 20549									ON			MB APPROVAL	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				TATEMENT OF CHANGES IN BENEFICIAL OWNERS Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											SHIP	Estim	Numbe ated av per res	erage burde	3235-0287 n 0.5
1. Name and Address of Reporting Person <sup>*</sup> Wilson Mark Andrew					2. Issuer Name and Ticker or Trading Symbol <u>NEKTAR THERAPEUTICS</u> [ NKTR ]									5. Relationship of Repor (Check all applicable) Director X Officer (give titl below)			10% Ow		
(Last)(First)(MiddleC/O NEKTAR THERAPEUTICS455 MISSION BAY BLVD SOUTH, SUIT				00		Date ( /12/2		Tran	saction (Month/Day/Year)						SVP & General Counsel				
(Street) SAN CA FRANCISCO			94158			4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n
(City) (State) (Zip)																			
		Tab	ole I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired, I	Dis	posed o	f, or	Bene	ficiall	ly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/L					Execution			r) Transaction Dispos Code (Instr. 5) 8)		Disposed 5)	ities Acquired (A) d Of (D) (Instr. 3, 4		3, 4 and	Beneficia Owned F Reported Transact	es Forn ally (D) o Following (I) (Ir d		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)		Price	(Instr. 3 and 4)					
		-	Table II -   (						uired, Di s, option						Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution rity or Exercise (Month/Day/Year) if any			Date, Tran Code		action Instr.	of Derivati Securiti Acquire (A) or Dispose of (D) (II	Derivative Securities Acquired		6. Date Exercis: Expiration Date (Month/Day/Yea		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owners s Form: lly Direct ( or Indir ( () (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	OI N OI	umber					

## Explanation of Responses:

\$21.79

1. These stock options were granted on December 12, 2019 under the Company's Amended and Restated 2017 Performance Incentive Plan (the "2017 Plan") and at the time of their grant were subject to both performance-based and time-based vesting requirements.

35,800

(3)

2. The Organization and Compensation Committee of the Board of Directors of the Company determined that the performance-based vesting requirement for these stock options was satisfied on September 15, 2021. Pursuant to the terms of the 2017 Plan, these stock options vested on the next monthly vesting date (October 12, 2021) following the date that the performance-based vesting requirement was satisfied. 3. These stock options vest on a monthly pro-rata basis over a period of four years from the grant date (December 12, 2019).

## **Remarks:**

Stock

Option<sup>(1)</sup>

## Mark A. Wilson, Attorney-in-10/14/2021

35,800

\$0.00

35.800

D

Common Stock

Fact

12/11/2027

\*\* 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).

10/12/2021<sup>(2)</sup>

\*\* 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.

A

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.