SEC For	m 4 FORM	14	U	NITE	D STAT	ES	SEC	URITIE	S AN	ID E	EXCHAN	IGE C		NISSIO	N				
					-	Washington, D.C. 20549									OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					pursua	ant to S	Section 16(a)	of the S	Securi	NEFICIA ties Exchange impany Act of		RSHIP	Estin	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
1. Name and Address of Reporting Person* ROBIN HOWARD W							ame and Ticl <u>R THEF</u>			Symbol <u>CS</u> [NKT		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH					Н	3. Date of Earliest Transaction (Month/Day/Year) 05/17/2021								X Officer (give title Other (specify below) below) President & CEO					
(Street) SAN FRANCISCO CA 94158					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		(State)	(Z	ip)															
			Table	I - No	n-Deriva	tive \$	Secui	rities Acc	quired	, Dis	posed of,	or Be	neficia	ally Owr	ed				
Date			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.	4. Securities Disposed Of 5)					Form: Direct o (D) or Indirect B (I) (Instr. 4) C	of Indirect				
							Code	v	Amount	(A) or (D)	Price	Trans	action(s) 3 and 4)		(1150.4)				
Common Stock 05/17/20					021			S		11,560 ⁽¹⁾	D	\$18.3	3 ⁽²⁾ 4	35,638	D				
Common Stock													410	I	by spouse				
			Tak	ole II -							osed of, c convertibl				d				
1. Title of Derivative Security	2. Conversio	on Date	ansaction	Execution Date,		Transaction of		5. Number of Derivative	Expira	tion Da		Amount of		8. Price of Derivative Security	9. Number derivative Securities	Owners	nip 11. Nature		

Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	L
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

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 \$17.95 to \$18.79. 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.

Remarks:

Mark A. Wilson, Attorney-in-

Fact

<u>-1n-</u> <u>05/19/2021</u>

** Signature of Reporting Person Date

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

 \ast 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.