FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | |
| 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 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* WHITFIELD ROY A | | | | | 2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] | | | | | | | | heck all appli X Direct | or | | rson(s) to Issuer 10% Owner Other (specify | | |
|--|--------|------------|------------|----------------------------|--|--|-------|--|-------------------|---|---|--|--|--|-----------------------------------|---|---|-----------------------|
| (Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH | | | | 09 | 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2021 | | | | | | | | below) | | | below) | | |
| (Street) SAN FRANCI | sco C | A | 94158 | | - 4.1 | If Ame | endme | nt, Date c | of Original | Filed | (Month/Da | ıy/Year) | 6. Lir | X Form | filed by One | e Repoi | (Check App rting Persor One Repor | 1 |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | ı-Deriv | /ativ | e Se | curit | ies Ac | quired, | Disp | posed o | f, or Be | neficia | lly Owned | ı | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | Execution Pay/Year) if any | | A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Disp Code (Instr. 5) | | ties Acquire I Of (D) (Ins | ed (A) or tr. 3, 4 an | Benefici | es ally Following | Form: | Direct I Indirect E str. 4) | 7. Nature of ndirect Beneficial Ownership Instr. 4) | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Price | Transac (Instr. 3 | tion(s) | | | instr. 4) |
| Common | Stock | | | 09/1 | 6/202 | /2021 | | M | | 40,000 A | | \$13 | .8 225 | 225,850 | | D | | |
| Common Stock | | | | | | | | | | | | 51 | ,500 | | I I | Whitfield Family 2020 Frust | | |
| Common | Stock | | | | | | | | | | | | | 20 | ,000 | | I | oy Family Trust |
| 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) | | | saction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | . | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | | Beneficial Ownership tt (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option | \$13.8 | 09/16/2021 | | | M | | | 40,000 | 09/30/201 | 4 0 | 9/18/2021 | Common Stock | 40,000 | \$0.00 | 0 | | D | |

Explanation of Responses:

Remarks:

Mark A. Wilson, Attorney-In-

** Signature of Reporting Person

09/17/2021

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).

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.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).