(City)

## FORM 4

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Person

		Washington, D.C. 20049		OMB APPR	OVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		NT OF CHANGES IN BENEFICIAL OWN		OMB Number: Estimated average burn hours per response:	3235-0287 den 0.5
		or Section 30(h) of the Investment Company Act of 1940			
1. Name and Address of Reporting Person Thomsen Jillian B. (Last) (First) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARI	(Middle)	2. Issuer Name and Ticker or Trading Symbol <u>NEKTAR THERAPEUTICS</u> [ NKTR ] 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2019	(Check all applicab Director X Officer (giv below)	10%	Owner r (specify v)
(Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Join Line)	t/Group Filing (Check	Applicable
SAN CA	94158		X Form filed	by One Reporting Per	son
FRANCISCO	0.100		Form filed	by More than One Re	porting

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (	ction	4. Securities / Disposed Of (			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	11/18/2019		S		2,713(1)	D	\$17.97 <sup>(2)</sup>	160,441 <sup>(3)</sup>	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			( 3/1		,		,	• •			,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of 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)
				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 \$17.56 to \$19.65. 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.

3. This number includes 988 shares held by the reporting person in the Issuer's 401(K) plan and 4,670 shares held by the reporting person in the Issuer's ESPP plan. The acquisition of these shares under both plans is exempt under Rule 16b-3(c).

Remarks:

Wilson, Attorney-in-Mark Fact

11/20/2019

\*\* 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).

\*\* 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.