FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPF	ROVAL					
OMB Number:	3235-0104					
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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*  Ajer Jeffrey Robert  2. Date of Event Requiring Statement (Month/Day/Year) 09/19/2017					3. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]							
(Last) 105 DIGITAL	(First) DRIVE	(Middle)	dle)			tionship of Reporting Perso : all applicable) Director	10% Owner		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check)			
(Street) NOVATO (City)	CA (State)	94949 (Zip)				Officer (give title below)	Other (spe below)	cify	Appli X	cable Line) Form filed by	y One Reporting Person y More than One	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)				ate	3. Title and Amount of Se Underlying Derivative Sec		rity (Instr. 4) Con		rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title	,	Amount or Number of Shares	Price o Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

## Remarks:

Mr. Ajer does not currently own any shares or hold any derivative securities of Nektar Therapeutics common stock.

Mark A. Wilson, Attorney-in-09/21/2017

**Fact** 

\*\* 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 5 (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.