Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPR	OVAL
	OMB Number:	3235-0287
l	Estimated average bur	den
ı	hours per response:	0.5

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* Thomsen Jillian B.					2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Tolker of Trading Symbol 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify)														
	KTAR THE	irst) RAPEUTICS BOULEVARD	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/10/2016									below) below) SVP & Chief Accounting Officer				cer	
(Street) SAN FRANCE	sco C.	A	94158		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					1
(City)	(S	· · · · · · · · · · · · · · · · · · ·	(Zip)			- 0-				D:		f D				1			
		ıar	DIE I - NO	n-Deriv	vativ	e Se	curit	ies Ac	quirea,	DIS	sposed o	or, or Be	петісіа	IIY ON	nea				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date, if any (Month/Day/Year		on Date,	Code (I	Transaction Disposed (es Acquired Of (D) (Instr		and 5) Sec Ben Owi		5. Amount of Securities Beneficially Dwned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Tra	ınsacı	saction(s) r. 3 and 4)			(1134. 4)		
Common Stock ⁽¹⁾ 02/10/			/2016					М	15,000	A	\$6.6	5	18,999		99 D				
Common	Stock ⁽¹⁾			02/10	/2016	5			S		15,000	D	\$11.4	9 ⁽²⁾	3,	999		D	
		-	Table II -								osed of, convertil			y Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transact Code (In:				6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	Deriv	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercisal		Expiration Date	Title	Amount or Number of Shares	1					
Stock Option ⁽¹⁾	\$6.65	02/10/2016			M			15,000	03/20/20	12	03/19/2016	Common Stock	15,000	\$0.	00	15,00	0	D	

Explanation of Responses:

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan for stock options scheduled to expire in early 2016 as described in the Current Report on Form 8-K filed by Nektar Therapeutics on July 16,
- 2. This transaction was executed in multiple trades at prices ranging from \$11.16 to \$11.75. 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:

Gil M. Labrucherie, Attorneyin-Fact

02/12/2016

** 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.