FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington	D.C. 20549	
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OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-

1(c). S	ee Instruction 1	0.															
Name and Address of Reporting Person*     Zalevsky Jonathan				2. Issuer Name <b>and</b> Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]							neck all app	* * *		o Issuer Owner			
,													✓ Office below	er (give title	Other below	(specify	
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS				3. Date of Earliest Transaction (Month/Day/Year) 12/19/2024							Chief R&D Officer						
455 MIS	SION BAY	BLVD SOUTH															
(Street) SAN CA 94158			4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person							
FRANCI	SCO													Form filed by More than One Reporting Person			
(City)	(St	ate) (Ž	Zip)														
		Table	I - No	n-Deriva	tive S	Secur	ities Acc	uired	, Dis	posed of	, or Bei	neficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day			Execution Date,		Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4		4 and Securities Beneficially Owned Follow		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 12/19/			12/19/2	024			S		51,115(1)	D	\$0.94	J <sup>(2)</sup> 32	6,904	D			
		Tal	ble II -							osed of, c				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	6. Date Expira (Month	tion D		7. Title an Amount of Securities Underlying Derivative Security 3 and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Represents the number of shares sold by the reporting person to cover required tax withholding obligations in connection with the vesting of the RSUs held by the reporting person and does not represent a discretionary trade by the reporting person.

Date

Exercisable

and 5)

(A) (D)

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2. This transaction was executed in multiple trades at prices ranging from \$.89 to \$1.00. 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 the request to the SEC staff, the Issuer, or a security holder of the Issuer.

Wilson, Attorney-in-

Amount or Number

Title

12/20/2024

Fact

Expiration

\*\* 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.