FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  CHESS ROBERT						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]								(Che	eck all appli Directo	cable) or	g Pers	son(s) to Iss 10% Ov	wner
	CTAR THE	RAPEUTICS	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2016										Officer (give title below)		Other (s below)	specify
455 MISSION BAY BOULEVARD SOUTH  (Street) SAN FRANCISCO CA 94158				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si		Zip)	a-Deriv	vative	- So	curit	ies Ac	auire	1 Die	enosed (	of or B	onof	iciall	v Owner				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				saction	ction 2A. De Execut ay/Year) if any		A. Deemed cecution Date,		3. 4. Securi Transaction Disposed Code (Instr. 5)		ities Acqu d Of (D) (I	ired (A	) or	5. Amou Securiti Benefici Owned I	int of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Cod	e V	Amount	(A) (D)	(A) or (D) Pri		Reporte Transac (Instr. 3			tion(s)	(Instr. 4)
Common Stock <sup>(1)</sup> 06/01/2						2016		M		5,00	0 <i>A</i>	<u> </u>	\$5.15	5 265,623(2)			D		
Common	mon Stock <sup>(1)</sup> 06/01/2016 s 5,000 D \$15.5						\$15.5 <sup>(</sup>	260,623 <sup>(2)</sup>			D								
		Т									osed of convert				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,		ransaction Code (Instr.		n of E		6. Date Exercisal Expiration Date (Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial 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 Exercis		Expiration Date	Title	or Nui of	ount mber ares					
Stock Option <sup>(1)</sup>	\$5.15	06/01/2016			M			5,000	09/30/2	009	09/30/2016	Commo	5,	000	\$0.00	10,000		D	

## **Explanation of Responses:**

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. This number includes 4,914 shares held by the reporting person in the Issuer's 401(k) plan. The acquisition of these shares under that plan is exempt under Rule 16b-3(c).
- 3. This transaction was executed in multiple trades at prices ranging from \$15.23 to \$15.65. 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.

## Remarks:

Gil M. Labrucherie, Attorney-

06/03/2016

in-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 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.