FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	: 0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

	tion 1(b).	Tiue. See		Filed							ies Exchang mpany Act o		f 1934			hours	per re	esponse:	0.5
1. Name and Address of Reporting Person* Wilson Mark Andrew				2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]								Check a	II appl Direct	licable) tor	ng Pei	rson(s) to Is			
(Last)	ast) (First) (Middle) /O NEKTAR THERAPEUTICS					3. Date of Earliest Transaction (Month/Day/Year) 08/16/2023									Officer (give title below) Chief Le			Other (s below) Officer	specify
455 MISSION BAY BLVD SOUTH, SUITE 100				4. If Amendment, Date of Original Filed (Month/Day/Year)							ine)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person							
(Street) SAN FRANCI	SCO CA	A 9	94158													filed by Mo		orting Perso	
(City)		ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to					
		Table	l - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially (Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execut y/Year) if any		ution Date,		3. Transaction Code (Instr. 8)					nd S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) c (D)	Price	. т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 08/16/2					2023		S		7,221 ⁽¹⁾	D	\$0.7	78 ⁽²⁾ 250,959 ⁽³⁾),959 ⁽³⁾	D				
		Tal	ble II -								osed of, convertib				vned	t			
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)	Date, Transac Code (I				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
						v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	r					

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.

- 2. This transaction was executed in multiple trades at prices ranging from \$0.75 to \$0.83. 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 5,607 shares held by the reporting person in the Issuer's ESPP plan. The acquisition of these shares under the plan is exempt under Rule 16b-3(c).

Remarks:

Mark A. Wilson

08/17/2023

** Signature of Reporting Person

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.