SEC For	m 4 FORM	4 U		D STAT	ES	SEC	URITIE	S AI	ND I	EXCHAN	IGE (СОМІ	MISSIO	N		
Washington, D.C. 20549											OMB APPROVAL					
to Section 16. Form 4 or Form 5 obligations may continue. See				AT OF CHANGES IN BENEFICIAL OWN d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								RSHIP	Estim	OMB Number: 3235-028 Estimated average burden hours per response: 0.		
1. Name and Address of Reporting Person* NORTHCOTT JOHN				2. Issuer Name and Ticker or Trading Symbol <u>NEKTAR THERAPEUTICS</u> [NKTR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last)(First)(Middle)C/O NEKTAR THERAPEUTICS455 MISSION BAY BOULEVARD SOUTH				3. Date of Earliest Transaction (Month/Day/Year) 11/16/2021								A below) below) SVP & Chief Commercial Officer				
(Street) SAN FRANCISCO CA 94185				4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)							 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
(City) (State) (Zip)																
		Table	I - No			Secui	rities Ac	-	d, Di	sposed of	, or Be	enefici	ally Own	ed		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Year) if any		emed tion Date, n/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d 5) Secur Benefi Owner	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	ce Reported Transaction (Instr. 3 and			(1150.4)	
Common Stock 11/16/20)21			S		6,061 ⁽¹⁾	D	\$13.1	.6 ⁽²⁾ 19	94,854	D		
		Tal	ble II							oosed of, o convertib				d		
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date Price of Derivative Security 3A. Deemed Execution Date (Month/Day/Year) 1. Title of Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year)		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownershi t (Instr. 4)		

1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of the RSUs held by the reporting person. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
2. This transaction was executed in multiple trades at prices ranging from \$12.84 to \$13.52. 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.

Date

Exercisable

Remarks:

Explanation of Responses:



Amount or Number

Shares

of

Title

Expiration Date

** Signature of Reporting Person Date Ownership (Instr. 4)

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).

Code v (A) (D)

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.