FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* Medve Robert						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify			
(Last) (First) (Middle) 455 MISSION BAY BOULEVARD SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2014							below)		below) Medical Officer		
(Street) SAN FRANCISCO CA 94158			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							X Form filed by More than One Reporting Person Ferson					
(City) (State) (Zip)												reisui	l.			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				Transactio ate Month/Day/Y	Execution Date,			Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Beneficia Owned F	s ally ollowing	Form:	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code (Inst				6. Date Exerc Expiration Da (Month/Day/Y	ate	and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option	\$12.43	02/05/2014		A		12,500		(1)	02/04/2022	Common Stock	12,500	\$0	12,500		D	
Stock Option	\$12.43	02/05/2014		A	v	12,500		(2)	02/04/2022	Common Stock	12,500	\$0	12,500)	D	

Explanation of Responses:

- 1. This option was granted on February 5, 2014 and vests in monthly installments over the four-year period following the grant date.
- 2. This stock option is subject to both time-based vesting and performance-based vesting conditions, both of which must be met before the shares subject to the option become vested and exerciseable. The timebased vesting is on a monthly pro-rata basis over a period of four (4) years from the grant date (February 5, 2014). The performance-based vesting condition will be met only if Nektar (or a licensee) files, within five years following the grant date, a new drug registration with the FDA or the European Medicines Agency for a significant drug candidate program (avg. royalty >7.5%) including, without limitation, the following: (1) etirinotecan pegol; (2) NKTR-061/Amikacin Inhale; (3) BAX-855 (a longer-acting (PEGylated) form of a full-length recombinant factor VIII (rFVIII) protein; or (4) dry powder inhaled ciprofloxacin

Gil M. Labrucherie, Attorney-02/07/2014 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.