FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burd	len							
l	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).

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* Huh Hoyoung (Last) (First) (Middle) 201 INDUSTRIAL ROAD				3. D 03/	Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] Just of Earliest Transaction (Month/Day/Year) 03/03/2008 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) Other (specibelow) 6. Individual or Joint/Group Filing (Check Applicatine)						
(Street) SAN CA	RLOS C		94070													_	iled by Mor	•	orting Person n One Repon	
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-	Deriva	ative	Sec	uritie	s Ac	quire	ed, D	isp	osed c	of, or E	enet	ficiall	y Owned	ŀ			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Co	Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned I Reporte	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code V Amount (A) or (D) Price				Transac	Transaction(s) (Instr. 3 and 4)		"	11501. 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 Da if any (Month/Day/	ate, T	Code (Ins		action of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exerci	isable	Ex	piration te	Title	or Nu of	nount mber ares					
Stock Option	\$6.95	03/03/2008			A		8,700		(1	1)	03/	/03/2016	Commo Stock	8,	700	\$6.95	8,700		D	
Restricted Stock Units	\$0.01	03/03/2008			A		2,900		(2	2)		(2)	Commo Stock	2,	900	\$0.01	2,900		D	

Explanation of Responses:

- 1. This equity grant was pursuant to the Company's Compensation Plan for Non-Employee Directors, as amended and restated. 1/7th of the shares of common stock subject to the stock option vest each calendar month commencing March 31, 2008. The shares of common stock subject to the option shall fully vest on September 30, 2008, provided that the Reporting Person continues his service as a nonemployee director through such date.
- 2. This equity grant was pursuant to the Company's Compensation Plan for Non-Employee Directors, as amended and restated. The shares of common stock subject to the Restricted Stock Units shall all vest on September 30, 2008, provided that the Reporting Person continues his service as a nonemployee director through such date.

Gil M. Labrucherie - Attorney 03/05/2008 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.