SEC Foi	m 4 FORM	1		εη σται	FS	SEC	URITIE	-ς ΔI		ЕХСНАМ	IGE (NISSIO	N					
	FURIM	+	20	ES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549								OMB APPROVAL							
to Section 16. Form 4 or Form 5 obligations may continue. See						Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								Estin	OMB Number: 3235-0 Estimated average burden hours per response:				
1. Name and Address of Reporting Person* <u>ROBIN HOWARD W</u>						2. Issuer Name and Ticker or Trading Symbol <u>NEKTAR THERAPEUTICS</u> [NKTR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH						arliest Tran 0	saction	(Mont	th/Day/Year)		X Officer (give title Other (specify below) below) President & CEO							
(Street) SAN FRANC						4. If Amendment, Date of Original Filed (Month/Day/Year)							ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - N	on-Deriva	tive	Secu	rities Ac	quire	d, Di	sposed of	, or Be	eneficia	ally Own	ed					
1. Title of Security (Instr. 3) Date (Month/Day					Year) if any		emed ion Date, /Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership			
								Code	v	Amount	(A) or (D)	Price	Transa	ted action(s) 3 and 4)		(Instr. 4)			
Common Stock 11/16/20					20			S		11,975 ⁽¹⁾	D	\$16.93	3 ⁽²⁾ 35	52,043	D				
Common Stock														410	I	by spouse			
		T	able II							posed of, o convertib				d					
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Yea	Execution Date,		4. 5. Number Transaction Code (Instr. Derivative			Expir	6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of De		Price of 9. Number of derivative derivative surity Securities		p 11. Nature of Indirec Beneficia			

(Instr. 3)		or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)		Securities Underlying Derivative Security (Instr. 3 and 4)		(Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Genericiai Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

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 \$16.71 to \$17.46. 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:

Mark A. Wilson, Attorney-in-11/18/2020

Fact

<u>___</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \star 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.