FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

,	vasimigion	, D.O. 200	J-10		

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 1																		
Name and Address of Reporting Person*     Zalevsky Jonathan				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								
-														1	Office	er (give title		Other (s	pecify
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS				3. Date of Earliest Transaction (Month/Day/Year) 11/19/2024									Chief R&D Officer						
455 MISSION BAY BLVD SOUTH																			
(Street) SAN FRANCISCO CA 94158					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	<u>,</u>					
(City)	(St	ate) (Z	Zip)												Perso			·	Ü
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	enefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		3. Transaction Disposed Of (D) (Instr. 3, 5)				4 and Securi Benefi Owned		cially I Following	Form: (D) or	Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership			
						Code V Amount (A) or (D)		Prio	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 11/19/2					2024				S		7,785(1)	D	\$1	.01(2)	24	13,019		D	
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		ion Date,	4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	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 \$1.00 to \$1.04. 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 the request to the SEC staff; the Issuer, or a security holder of the Issuer.

Wilson, Attorney-in-

Fact

\*\* Signature of Reporting Person Date

11/20/2024

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.