FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

0111127111		· • · · · · ·				
OMB Number:		3235-028				
Estimated average	hurda	n				

37 hours per response: 0.5

OMB APPROVAL

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

1. Name and Address of Reporting Person* Medve Robert					Section Solf) of the investment Company Act of 1940 Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne V Officer (give title Other (spe			wner
(Last) (First) (Middle) 455 MISSION BAY BOULEVARD SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 02/06/2013						X Office (give title Officer Specify below) Chief Medical Officer				
(Street) SAN FRANCI	sco C.	A	94158	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date				Transactio ate Month/Day/\	Execution Date,		Code (Instr. 5)				Benefici	es F ally (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		Transaci (Instr. 3	tion(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	rcise (Month/Day/Year) of tive	3A. Deemed Execution Date, if any (Month/Day/Year	Code	action (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		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	\$8.8	02/06/2013		A		50,000		(1)	02/05/2021	Common Stock	50,000	\$0	50,000	D	
Stock Option	\$8.8	02/06/2013		A		50,000		(2)	02/05/2021	Common Stock	50,000	\$0	50,000	D	

Explanation of Responses:

- $1. \ This \ option \ was \ granted \ on \ February \ 6, 2013 \ and \ vests \ in \ monthly \ installments \ over the four-year period following the \ grant \ date.$
- 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 6, 2013). The performance-based vesting condition will be met only if Nektar (or a licensee) files a new drug registration with the FDA or the European Medicines Agency for a significant drug candidate program including, without limitation, the following: (1) naloxegol (an oral peripherally-acting opioid antagonist); (2) etirinotecan pegol (a topoisomerase I inhibitor); (3) NKTR-061/Amikacin Inhale (a drug-device combination for an inhaled solution of amikacin); or (4) BAX-855 (a longer-acting (PEGylated) form of a full-length recombinant factor VIII (rFVIII) protein).

Gil M. Labrucherie, Attorney-02/08/2013 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.