FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* BROWN MICHAEL A/CA						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(F KTAR THE	First) ERAPEUTICS	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/15/2009									X	Officer (give title below)			10% Owner Other (specify below)			
201 INDUSTRIAL ROAD (Chroat)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CARLOS CA 94070						X Form filed by One Rep Form filed by More that Person												J		
(City)	2)	State)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ır) E	A. Deeme xecution any Month/Da	Date,	Code (Ins	Transaction Dispose Code (Instr. 5)		ties Acquiro I Of (D) (Ins		Beneficia Owned F		es Formally (D) (Sollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V	Amo	ount	(A) or (D)	Price		Reported Transact (Instr. 3 a	saction(s) r. 3 and 4)			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 Da if any (Month/Day/Y	C₀	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Day (Month/Day/\)	ate	nd	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode V	v	(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amount or Number of Shares							
Stock Option ⁽¹⁾	\$8.37	09/15/2009		A	A		15,000		(2)	09/15/2	2017	Common Stock	15,000		\$8.37	15,000	0	D		
Restricted Stock Unit	\$0.01	09/15/2009		A	A		5,000		(3)	(4)		Common Stock	5,000		\$0.01	5,000)	D		

Explanation of Responses:

- 1. The Reporting Person is receiving this equity compensation under the Amended and Restated Compensation Plan for Non-Employee Directors.
- 2. 1/12th of the shares shall vest per calendar month following September 30, 2009 (with all of such shares subject to the stock option becoming vested at September 30, 2010), provided that the Reporting Person continues his or her service as a director.
- 3. The shares of Common Stock are issued upon the vesting of restricted stock units granted to the Reporting Person on September 30, 2010, provided that the Reporting Person continues his or her service as a director through such date.
- 4. Not applicable.

Gil M. Labrucherie - Attorneyin-Fact

** Signature of Reporting Person Date

09/17/2009

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.