FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

F 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* Labrucherie Gil M (Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] 3. Date of Earliest Transaction (Month/Day/Year) 07/10/2019								Directo X Officer below)	elationship of Reporting Person(s) to Issuer ck all applicable) Director 10% Owner Cyfficer (give title below) SVP & Chief Financial Officer			
(Street) SAN FRANCISCO CA 94158 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	sposed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					ar) Ex	Deemed ecution Date, any onth/Day/Year)				es Acquired Of (D) (Instr		Benefici	es ally Following	Form (D) or	: Direct Control of the control of t	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transac	Fransaction(s)			msu. 4)
Common Stock ⁽¹⁾ 07/10/2)/2019	2019		M		25,000	A	\$7.21	. 152	152,935 ⁽²⁾		D			
Common Stock ⁽¹⁾ 07/10/2)/2019	2019		S		25,000	D	\$34.57	127,935 ⁽²⁾			D			
			Table II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,		ansaction ode (Instr.		umber vative urities uired or posed D) (Instr. and 5)	6. Date E Expiratio (Month/D	n Da		7. Title an of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	or Number of Shares					
Stock Option ⁽¹⁾	\$7.21	07/10/2019			M			25,000	02/08/20	16	02/07/2020	Common Stock	25,000	\$0.00	25,00	0	D	

Explanation of Responses:

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by Mr. Labrucherie for stock options scheduled to expire on February 7, 2020.
- 2. This number includes 997 shares held by the reporting person in the Issuer's 401(K) plan and 4,218 shares held by the reporting person in the Issuer's ESPP plan. The acquisition of these shares under both plans is exempt under Rule 16b-3(c).
- 3. This transaction was executed in multiple trades at prices ranging from \$34.10 to \$35.03. 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-

07/12/2019

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.