## FORM 5

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

C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OKIVI 3	ONITED STATES SECONTILES AN
	Washington, D.0
hay if no longer subject to	

OMB APPROVAL

- 1	OWB 74 THO VAL												
	OMB Number:	3235-0362											
	Estimated average burden												
	hours per response:	1.0											

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

Form 3 Holdings Reported

Form 4 Transactions Reported.

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 defense conditions of Rule 10b5-1(c). See Instruction 10

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

Instruc		*		2 January	Nama -	nd Ti-	kor or T	Fradin -	Cumbal		Ι,	. Del	otionobir -	f Done-t	ina Do	on(o) t-	loguer		
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Brainar	rd Diana			IVELLI	7110 1	11171	CI II I	70 11	<u>00</u> [ MK	IIC J		1	Director			10%	Owner		
	KTAR THE	First)  ERAPEUTICS  BLVD SOUTH	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2024							Officer (give title Other (specify below) below)							
433 MIS	SION DAI	BLVD SOUTH		4 If Amo	ndmont	Data	of Origin	nal Eila	d (Month/Da	ov/Voor	. 6	Indi	vidual or Jo	oint/Crou	ın Eiling	(Chook	Applicable		
(Street) SAN FRANCI	ISCO C	A	94158	4. II Allie	nument,	Date	or Origin	nai File	u (Monun)	ay/ rear,		ine)	Form fil	ed by O	ne Repo	rting Pe	rson		
(City)	(5	State)	(Zip)																
		Tak	ole I - Non-Deri	ivative Se	curitie	es Ac	quire	d, Di	sposed o	of, or	Benefici	ally	Owned						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		Execution I								Securities Beneficially		Form: D y (D) or		Direct	7. Nature of Indirect				
			(Month/Day	(Year)	8)		Amount (A		A) or D)	or Price		Owned at end Issuer's Fisca Year (Instr. 3 a 4)		al (Instr. 4		Ownership (Instr. 4)			
			Table II - Deriv (e.g.,	ative Secu									Owned		,	,			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Owners Form: Direct (l or Indirect)	Beneficia Ownersh ect (Instr. 4)		
					(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Title Share			Transaction(s) (Instr. 4)					
						$\top$		(1) 09/17/2032			i		\$0 12		120,000 D				

## **Explanation of Responses:**

1. This stock option vests in equal monthly installments over the one-year period beginning on September 18, 2024.

Mark A. Wilson, Attorney-in-

01/17/2025

**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.