FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

l	OMB APPRO	OVAL
	OMB Number:	3235-0287
	Estimated average bure	den
ı	hours nor resnance.	0.5

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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Thomsen Jillian B.						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]									k all applic Directo	tionship of Reporting all applicable) Director Officer (give title		son(s) to Issi 10% Ow Other (s	vner
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH						3. Date of Earliest Transaction (Month/Day/Year) 01/19/2016								X	below) below) SVP & Chief Accounting Officer				cer
(Street) SAN FRANCE	•				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(\$	State)	(Zip)																
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties Ac	quired	, Dis	sposed o	of, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,			Code (Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.				and 5) Securition Benefici		es ally Following	Form (D) o	n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transaci (Instr. 3	tion(s)			(instr. 4)
Common Stock ⁽¹⁾ 01/19/2				9/2016	2016		М		15,000	A	\$6.	65	18	,999		D			
Common	Stock ⁽¹⁾			01/19	9/2016	2016		S		15,000	D	\$14.	14.12 ⁽²⁾		3,999		D		
			Table II -	Deriva (e.g.,	ative puts,	Secu calls	uritie S, Wa	es Acq arrants	uired, l s, optio	Disp ns,	osed of, converti	, or Bend ble secu	eficial ırities	ly O)	wned				
1. Title of 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. Transa Code (8)		on of		Expiration	6. Date Exercisable Expiration Date (Month/Day/Year)		e and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er					
Stock Option ⁽¹⁾	\$6.65	01/19/2016			M			15,000	03/20/20)12	03/19/2016	Common Stock	15,00	00	\$0.00	30,00	0	D	

Explanation of Responses:

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan for stock options scheduled to expire in early 2016 as described in the Current Report on Form 8-K filed by Nektar Therapeutics on July 16,
- 2. This transaction was executed in multiple trades at prices ranging from \$13.67 to \$14.59. 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:

Gil M. Labrucherie, Attorneyin-Fact

01/21/2016

** 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.