FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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Estimated average burden								
hours per response:	0.5							

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

STATEMENT OF CHANGES IN BENEFICIAL 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

					or sec	Juon 3	0(11)	Ji tile i	investine	III CC	mpany Act c	л 1940	<u> </u>						
1. Name a	2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
ROBIN HOWARD W														X	Direc			10% O	wner
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023								X	Office	,		Other (s	specify
C/O NEKTAR THERAPEUTICS						33, 13, 13, 13								President & CEO					
455 MISSION BAY BOULEVARD SOUTH						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					son
SAN	-												Form Pers	i filed by Mo on	re tha	orting			
					Rule	Rule 10b5-1(c) Transaction Indication													
(City)	(St	ate) (ž	Zip)		Trails 2000 2(0) Trails additin Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																		
		Table	I - No	n-Deriva	tive S	ecui	rities	s Acc	quired,	Dis	posed of	, or E	3enef	cially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N				Execution Date,			ate,				es Acquired (A) Of (D) (Instr. 3, 4		4 and Secur Benef Owne Follow		cially I ving	Form (D) o	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or Pri	e		action(s) 3 and 4)				
Common)23			S		20,361(1)	D	\$0	.72 ⁽²⁾	93	9,797	D							
Common Stock																410			by spouse
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)	e of 2. 3. Transaction attive Conversion Date Execution Date, (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5.		6. Date Exerc Expiration Da (Month/Day/)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		Date Exercis	able	Expiration Date Ti		Amour or Number of Shares	r							

Explanation of Responses:

- 1. Represents the number of shares sold by the reporting person to cover required tax withholding obligations in connection with the vesting of the RSUs held by the reporting person and does not represent a discretionary trade by the reporting person.
- 2. This transaction was executed in multiple trades at prices ranging from \$0.71 to \$0.75. 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

05/17/2023

** 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.