Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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* CHESS ROBERT | | | | | 2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] | | | | | | | | (Ch | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|--------------------------------|-----------------|--|---|-----|--|-----|---------------------|---|----------------|---|--|--|--|--|--------|--|
| | KTAR THE | RAPEUTICS | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2007 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| 201 INDUSTRIAL ROAD (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| SAN CARLOS CA 94070 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | -Deriva | ative | Sec | curities | Ac | quired, Di | ispo | osed o | f, or Ber | neficiall | y Owned | | | | |
| Date | | 2. Transa Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | es ally Following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code V | , | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Co | ransaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Co | ode V | , | (A) | (D) | Date Exercisable | Exp Dat | oiration te | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) ⁽¹⁾ | \$8.81 | 09/19/2007 | | , | A | | 15,000 | | (2) | 09/: | 19/2015 | Common Stock | 15,000 | \$8.81 | 982,46 | 54 | D | |
| Restricted Stock | \$0.01 | 09/17/2007 | | | A | | 5,000 | | (3) | | (4) | Common Stock | 5,000 | \$0.01 | 9,167 | 7 | 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 the date of grant with all of such shares vesting on September 19, 2008 provided that the Reporting Person continues his or her service as a director through such date.
- 3. The shares of common stock shall vest upon the one year anniversary of the date of grant (or September 19, 2008), provided that the Reporting Person continues his or her service as a director through such date and further subject to the terms and conditions of the restricted stock unit agreement.
- 4. Not applicable.

Gil M. Labrucherie, Attorneyin-Fact

** Signature of Reporting Person

09/21/2007

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.