FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

ATEMENT 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

| Name and Address of Reporting Person* <u>Krivulka Joseph J</u> | | | | 2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] | | | | | | | | (Che | eck all applic | r | Pers | 10% O | vner | | | |
|--|--|------------|-------------|--|--|--|----------|--|--------------------------------------|------|---|----------------|----------------|---|--|--------|--|---|-----|--|
| (Last) (First) (Middle) C/O NEKTAR THERAPEUTICS | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2010 | | | | | | | | | | Officer below) | (give title | | Other (s | specify | | |
| 201 INDUSTRIAL ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN CA | RLOS (| ČA . | 94070 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | - 1 | |
| (City) | () | State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Deriva | ative | Sec | curities | s Ac | quired, I | Disp | osed o | f, or B | ene | ficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution (Pay/Year) if any | | A. Deemo Execution f any Month/Da | Date, | Code (II | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) o d Of (D) (Instr. 3, 4 | | | Securitie Beneficia Owned F | Securities For Beneficially (D) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | nt (A) or P | | Price | Transact | | (111501.4) | | | | | | |
| | 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | ate, Tr | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4) | | ecurity | 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) | Beneficial Ownership (Instr. 4) | | |
| | | | | C | ode | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | O N O | lumber | | | | | | |
| Stock Option ⁽¹⁾ | \$14.05 | 09/14/2010 | | | A | | 30,000 | | (2) | 0 | 9/14/2018 | Commo Stock | ⁿ 3 | 0,000 | \$14.05 | 30,000 | | 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 September 30, 2010 (with all of such shares subject to the stock option becoming vested at September 30, 2011), provided that the Reporting Person continues his or her service as a director.

Gil M. Labrucherie, Attorney-09/16/2010

in-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.