## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

1. Name and Address of Reporting Person*  Thomsen Jillian B.						2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [ NKTR ]										l appl Direct	icable)			wner (specify
	Last) (First) (Middle) C/O NEKTAR THERAPEUTICS ISS MISSION BAY BOULEVARD SOUTH					3. Date of Earliest Transaction (Month/Day/Year) 05/16/2019										SVP & Chief Accounting Officer				
(Street) SAN FRANCI (City)			)4158 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Indivi									ne) X F	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Ben	eficia	ally Ov	vne	d			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Executi //Year) if any		ution Date,		3. 4. Securitie Disposed Code (Instr. 8)					and 5) Secu Bene		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ect rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) (D)	or	Price		Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock 05/16/2					2019				S		1,928(1)	I	D \$31.3		37 <sup>(2)</sup> 164,463 <sup>(3)</sup>		1,463 <sup>(3)</sup>	D		
		Та									osed of, convertib				y Own	ed				
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			8. Price Derivati Security (Instr. 5	y )	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	(D) rect	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of Sha	nber							

## **Explanation of Responses:**

- 1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of the RSUs held by the reporting person. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- 2. This transaction was executed in multiple trades at prices ranging from \$30.86 to \$32.68. 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.
- 3. This number includes 988 shares held by the reporting person in the Issuer's 401(K) plan and 4,170 shares held by the reporting person in the Issuer's ESPP plan. The acquisition of these shares under both plans is exempt under Rule 16b-3(c).

## Remarks:

. Wilson, Attorney-in-

\*\* Signature of Reporting Person

Date

05/17/2019

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.