FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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**OMB APPROVAL** 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response:

0.5

	Check this box if no longer subject to
ı	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

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	Check this box to indicate that a
	transaction was made pursuant to a
	contract, instruction or written plan
	for the purchase or sale of equity
	securities of the issuer that is
	intended to satisfy the affirmative
	defense conditions of Rule 10b5-
	dolorioo corrattorio or realo robo

Name and Address of Reporting Person*							2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer					
ROBIN HOWARD W							NEKTAR THERAPEUTICS [ NKTR ]									(Check all applicable)  Director 10% Ow				wner	
																Office	er (give title		Other (s		
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS 455 MISSION BAY BLVD SOUTH							3. Date of Earliest Transaction (Month/Day/Year) 12/17/2024									Officer (give title Other (specific below)  President & CEO					
(Street) SAN FRANCISCO CA 94158						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)	·						
(City)	(5	State)	(Zi	ip)																	
			Table	l - No	n-Deriva	tive S	Secur	ities <i>A</i>	Acq	uired	, Dis	posed of	, or B	ene	ficially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		e,	3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Inst					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A) c	r P	rice		ted action(s) 3 and 4)			(Instr. 4)	
Common	Stock				12/17/20	024				S		46,995(1)	D	\$	1.01(2)	1,1	95,710		D		
Common	Stock				12/18/20	024				S		85,035(1)	D	\$	0.99(3)	1,1	10,675		D		
Common Stock																	410		1	by spouse	
			Tab	le II -					•		•	osed of, convertib			-	Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		y/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der See (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [0   F   C   C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Natu of Indire Benefici Ownersi (Instr. 4)	
									Date Expiration			Amo or Num									

## **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 \$1.00 to \$1.03. 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 the request to the SEC staff, the Issuer, or a security holder of the Issuer.

(A) (D) Exercisable Date

3. This transaction was executed in multiple trades at prices ranging from \$.93 to \$1.04. 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 the request to the SEC staff, the Issuer, or a security holder of the Issuer.

Mark A. Wilson, Attorney-in-

Title Shares

12/19/2024

**Fact** 

\*\* Signature of Reporting Person

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).

Code V

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.