FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
---------------	------	-------

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

OMB APPROVAL 3235-0287 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* ROBIN HOWARD W					2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne						
(Last) C/O NEI	(Fii	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/17/2023									X	$\begin{array}{ccc} X & \begin{array}{ccc} \text{Officer (give title} & \begin{array}{ccc} \text{Other (specify} \\ \text{below)} \end{array} \end{array} \\ & \begin{array}{ccc} \text{President \& CEO} \end{array}$					
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) SAN FRANCE					Dul	D. la 10k5 1(c) Tanasatian la l'									X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	(State) (Zip) Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See										rsuant to			uction or writt	ten pla	an that is inter	nded to		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	l, Dis	posed of	, or E	Benefi	cially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In					5. Amount of Securities Beneficially Owned Following Reported		Fori (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) (D)	or Pric	e	Transa	ed ction(s) 3 and 4)			(Instr. 4)	
Common	Stock			11/17/2	.023				S		19,877(1)	D	\$0.	\$0.49 ⁽²⁾ 899,922 D						
Common	Stock													410 I by					by spouse	
		Tal	ble II ·								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	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)		e Exerc tion Da h/Day/\		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares							

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 \$0.47 to \$0.52. 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

11/20/2023

** 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.