

### **NEKTAR THERAPEUTICS**

# Reported by ROBIN HOWARD W

#### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 08/19/19 for the Period Ending 08/16/19

Address 455 MISSION BAY BOULEVARD SOUTH

SAN FRANCISCO, CA, 94158

Telephone 4154825300

CIK 0000906709

Symbol NKTR

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31



Li Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *-				2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
ROBIN HOWARD W		N	EKT	TAR T	ΓHERA	PE	UTIC	S [ NK	TR]						
(Last) (First) (Middle)			3. Date of Earliest Transaction (MM/DD/YYYY)							X Director			6 Owner		
										_X_ Officer (gi		v)Ot	her (specify	below)	
C/O NEKTAR THERAPEUTICS, 455				8/16/2019							CEO				
MISSION BAY BOULEVA	RD SOUT	H													
(Street)		4.	If Am	nendme	ent, Date (	Origi	nal File	d (MM/DI	D/YYYY	<ol> <li>6. Individual of</li> </ol>	or Joint/G	roup Filing	(Check Appl	icable Line)	
SAN FRANCISCO, CA 941	58									X Form filed b		ting Person One Reporting F	erson		
(City) (State) (	Zip)														
								•		eneficially Owne			1	•	
1. Title of Security (Instr. 3)		ans. Date	Execution Date, if an		(Instr. 8)		Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership	
					Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	8/1	6/2019			S		12,551 <sup>(1)</sup>	) <b>D</b>	\$18.15	2).		282,775	D		
Common Stock												410	I	by spouse	
Table II - D	erivative Se	curities	Bene	ficially	Owned	(e.g.	, puts, c	alls, wa	rrants	, options, conver	tible secu	ırities)			
		4. Trans (Instr. 8					and Expiration Date			Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form of B Derivative O	Beneficial	
		Code	v	(A)	(D)	Da Ex	te ercisable	Expiration Date		Amount or Number of thares		Transaction(s) (Instr. 4)			

#### **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 \$17.87 to \$18.37. 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.

#### Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
ROBIN HOWARD W C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH SAN FRANCISCO, CA 94158	X		President & CEO				

#### **Signatures**

Mark A. Wilson, Attorney-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 control number.