NEKTAR THERAPEUTICS

Form 4

December 15, 2016

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box

OMB 3235-0287 Number:

if no longer subject to Section 16. Form 4 or

January 31, Expires: 2005 Estimated average

10% Owner

SECURITIES

burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Thomsen Jillian B.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

NEKTAR THERAPEUTICS [NKTR]

(Check all applicable)

SVP & Chief Accounting Officer

3. Date of Earliest Transaction

(Last) (First) (Middle)

(Month/Day/Year) 12/13/2016

X_ Officer (give title Other (specify below)

C/O NEKTAR THERAPEUTICS, 455 MISSION

BAY BOULEVARD SOUTH

(Street)

4. If Amendment, Date Original

Applicable Line)

Director

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

SAN FRANCISCO, CA 94158

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities (Instr. 3) Code Beneficially (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following Reported (A) Transaction(s) (Instr. 3 and 4)

(D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Common 12/13/2016 Stock (1)

Price Code V Amount (D)

\$0 Α 15,000 57,602 (2)

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day)	ate	7. Title and Underlying Standard (Instr. 3 and	Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 12.24	12/13/2016		A	37,500	(3)	12/12/2024	Common Stock	37,500

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Thomsen Jillian B. C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH SAN FRANCISCO, CA 94158			SVP & Chief Accounting Officer			

Signatures

Mark A. Wilson, Attorney-in-Fact

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- This stock award was acquired pursuant to a grant of restricted stock units ("RSUs"). Each RSU represents a contingent right to receive,
- (1) upon vesting of the unit, one share of the issuer's common stock. These RSUs vest over three years in equal quarterly installments based on continued service.
- (2) This number includes 988 shares held by the reporting person in the Issuer's 401(K) plan and 2,750 shares held by the reporting person from the Issuer's ESPP plan. The acquisition of these shares under both plans is exempt under Rule 16b-3(c).
- (3) This stock option vests over four years in equal monthly installments based on continued service.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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