NEKTAR THERAPEUTICS

Form 4

February 18, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

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obligations

Check this box

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

may continue. See Instruction 1(b).

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

Nicholson John

2. Issuer Name and Ticker or Trading Symbol

NEKTAR THERAPEUTICS

[NKTR]

3. Date of Earliest Transaction

02/16/2016

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

(Last)

C/O NEKTAR

(City)

Common

Stock

(First)

(Middle)

(Zip)

(Month/Day/Year)

Director 10% Owner X_ Officer (give title Other (specify

below)

SVP & Chief Financial Officer

THERAPEUTICS, 455 MISSION **BAY BOULEVARD SOUTH**

(Street)

(State)

02/17/2016

4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line)

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

D

6. Individual or Joint/Group Filing(Check

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

SAN FRANCISCO, CA 94158

				•	´ •		•
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	on(A) or Disposed of (D)	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)		Owned	(D) or	Ownership
					Following	Indirect (I)	(Instr. 4)
				()	Reported	(Instr. 4)	
				(A)	Transaction(s)		
			Code V	or Amount (D) Price	(Instr. 3 and 4)		
Common Stock	02/16/2016		M	2,166 A \$ 0.0001	77,282	D	

963

D

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

S

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount of		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction Derivative		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code Securities		(Month/Day/Year)		(Instr. 3 and 4)		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Acquired						
	Derivative				(A) (or				
	Security				Disp	osed of				
	Ĭ			(D)						
				(Instr. 3, 4,						
				and 5)						
										Amount
							Date	Expiration		or
							Exercisable Date			Number
							Exercisaore	Duic		of
				Code V	(A)	(D)				Shares
D4-2-4-4									C	
Restricted	\$ 0.0001	02/16/2016		D		2.166	02/16/2016	02/16/2016	Common	2,166
Stock Unit	Ψ 0.0001					2,100	5=, - 5, = 0 1 0	02, 10, 2010	Stock	2,100

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Nicholson John C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH SAN FRANCISCO, CA 94158

SVP & Chief Financial Officer

Signatures

Gil M. Labrucherie, Attorney-in-Fact 02/18/2016

**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 transaction was executed in multiple trades at prices ranging from \$11.46 to \$12.12. The price reported above reflects the weighted (1) 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.

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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