## Edgar Filing: NEKTAR THERAPEUTICS - Form 4

NEKTAR TI	HERAPEUTIC	S									
Form 4	-										
June 17, 201											
FORM	$14_{\text{UNITE}}$	D STATES	SECUE	TTIFS A	ND FX(	THAT	NGE C	OMMISSION		PROVAL	
Washing					FIES AND EXCHANGE COMMISSION ington, D.C. 20549					3235-0287	
Check thi if no long subject to Section 1 Form 4 o Form 5		SECUR	RITIES			NERSHIP OF	Expires: January 3 20 Estimated average burden hours per response 0				
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Lingnau Lutz			2. Issuer Name <b>and</b> Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS, 455 MISSION BAY BOULEVARD SOUTH			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2015					X_ Director 10% Owner Officer (give title Other (specify below) below)			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SAN FRAN	CISCO, CA 94	4158						Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executio any		3. Transactio Code (Instr. 8)	4. Securities Acqui r(A) or Disposed of (Instr. 3, 4 and 5) (A) or		l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock (1)	06/15/2015			Code V M	Amount 25,000	(D) A	Price \$ 6.65	41,450	D		
Common Stock (1)	06/15/2015			S	25,000	D	\$ 11.15 (2)	16,450	D		

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

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#### number.

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

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 Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option $(1)$	\$ 6.65	06/15/2015		М		25,000	03/20/2011	03/19/2016	Common Stock	25,000

# **Reporting Owners**

	Relationships						
<b>Reporting Owner Name / Address</b>	Director	10% Owner	Officer	Other			
Lingnau Lutz C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH SAN FRANCISCO, CA 94158	Х						
Signatures							
Gilbert M. Labrucherie, Jr., Attorney-in-Fact	06/17/2	015					
**Signature of Reporting Person	Date						
Evalenction of Decreases	_						

## **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).
- (1) This transaction was made pursuant to a Rule 10b5-1 trading plan.
- This transaction was executed in multiple trades at prices ranging from \$11.01 to \$11.41. The price reported above reflects the weighted (2) 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.