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ROBIN HOV Form 4	WARD W										
November 19	9, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549								OMMISSION	N OMB Number:	3235-0287	
if no long subject to Section 1 Form 4 o Form 5 obligation may cont	obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Sect 30(h) of the Investment Company Act of 1940								Expires: January 31 2009 Estimated average burden hours per response 0.9		
(Print or Type I	Responses)										
1. Name and A ROBIN HO	Sy NI	2. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O NEKTA THERAPEU BAY BOUI	(M 11 SION	3. Date of Earliest Transaction(Month/Day/Year)11/16/2018					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) President & CEO				
				ment, Da /Day/Year	te Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SAN FRAN	CISCO, CA 941	58						Form filed by M Person			
(City)	(State)	(Zip)	Table I	I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	ity (Month/Day/Year) Execution Date, if		ate, if T C 'Year) (I	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/16/2018			S	15,326 (1)	D	\$ 38.25 (2)	249,141	D		
Common Stock								410	I	by spouse	

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)	ivative Conversion (Month/Day/Year) urity or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	tle and ount of erlying rities r. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
R	eporting Own	ner Name / Address	Director	10% Owi	Relations	-	Other	r			
C/O NEK 455 MISS		RAPEUTICS BOULEVARD SO	OUTH X		Pre	esident & Cl	EO				
Signa											
Mark A. Attorney-			11/19/2018								

<u>**</u>Signature of Reporting Person

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).

Date

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

vising of the RSOS held by the reporting person. This safe is manuated by the issuer's election under its equity meent 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.

This transaction was executed in multiple trades at prices ranging from \$37.47 to \$38.97. 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.