NEKTAR THERAPEUTICS

Form 4

September 17, 2015

FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

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

burden hours per response... 0.5

may continue. *See* Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** WINGER DENNIS L

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

below)

Symbol

NEKTAR THERAPEUTICS

[NKTR]

(Last) (First) (Middle)

3. Date of Earliest Transaction

X__ Director _____ 10% Owner ____ Officer (give title _____ Other (specify

(Check all applicable)

(Month/Day/Year)

09/15/2015

C/O NEKTAR

THERAPEUTICS, 455 MISSION BAY BOULEVARD SOUTH

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

SAN FRANCISCO, CA 94158

(City) (State) (Zip)

(Street)

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

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date

Execution Date, if

(Month/Day/Year)

3. 4. Securities
TransactionAcquired (A) or
Code Disposed of (D)
(Instr. 8) (Instr. 3, 4 and 5)

5. Amount of SecuritiesBeneficiallyOwnedFollowing 6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership (Instr. 4)

(A)

Reported
Transaction(s)
(Instr. 3 and 4)

or (Instr.

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

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SEC 1474

(9-02)

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 6. Date Exc Derivative Expiration Securities (Month/Da Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 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 | \$ 12.8 | 09/15/2015 | | A | 12,500 | <u>(1)</u> | 09/14/2023 | Common Stock | 12,500 |
| Restricted Stock Unit | <u>(2)</u> | 09/15/2015 | | A | 15,000 | <u>(3)</u> | 09/14/2023 | Common Stock | 15,000 |

Reporting Owners

Relationships

WINGER DENNIS L C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH SAN FRANCISCO, CA 94158



Signatures

Gilbert M. Labrucherie, Jr., Attorney-in-Fact

09/17/2015

**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).
- (1) This option was granted on September 15, 2015 and vests in equal monthly installments over the one-year period following the grant date.
- (2) Each restricted stock unit represents a contingent right to receive, upon vesting of the unit, one share of the issuer's common stock.
- (3) This restricted stock unit award vests in full one year following the grant date.

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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