## Edgar Filing: Hora Maninder - Form 4

Hora Maninde Form 4											
Check this box if no longer subject to Section 16. Check this box if no longer SECURITIES Check this box if no longer SECURITIES Check this box if no longer SECURITIES									3235-0287		
								Expires: Estimated a burden hou response			
(Print or Type Ro 1. Name and Ac Hora Manind	Idress of Reporting	g Person <u>*</u>	2. Issuer N Symbol NEKTAR [NKTR]				ıg	5. Relationship of Issuer (Chec	Reporting Pers k all applicable		
	· · ·		3. Date of E (Month/Day 08/16/201	y/Year)	ansaction			Director X Officer (give below) SVP Phar		Owner er (specify Ops	
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
(City)	(State)	(Zip)	Tabla	I - Non-D	orivativa	Socur	ities Aca	Person uired, Disposed of	° or Ronaficial	ly Owned	
	2. Transaction Da (Month/Day/Year	) Executio any	ned 3 n Date, if 7 Oay/Year) (	3.	4. Securit n(A) or Di (Instr. 3,	ies Ao sposeo	cquired d of (D) 5) Price	5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	08/16/2017			S	2,956 (1)	D	\$ 19.32 (2)	58,233 <u>(3)</u>	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	of	Expiration D (Month/Day/ e	6. Date Exercisable and Expiration Date (Month/Day/Year)		tle and unt of erlying rities :. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Hora Maninder C/O NEKTAR THERAPEUTICS 455 MISSION BAY BOULEVARD SOUTH SAN FRANCISCO, CA 94158			SVP Pharma Dev & Mfg Ops				
Signatures							
Mark A. Wilson, 06/18/	2017						

Attorney-in-Fact

\*\*Signature of Reporting Person

Sid Ma

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).

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 (1) 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 \$19.02 to \$19.67. 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.

This number includes 6,000 shares held by the reporting person from the Issuer's ESPP plan. The acquisition of these shares under this (3) plan is exempt under Rule 16b-3(c).

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.