## Edgar Filing: NEKTAR THERAPEUTICS - Form 4

NEKTAR THERAPEUTICS			
Form 4			
September 22, 2006			OMB APPROVAL
FORM 4 UNITED STATE	S SECURITIES AND EXCHANGE Washington, D.C. 20549	COMMISSION	
Section 16. Form 4 or Form 5 obligations may continue. Filed pursuant to Section 17(a) of the	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, ction 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 Responses)			
1. Name and Address of Reporting Person <u>*</u> Krivulka Joseph J	2. Issuer Name <b>and</b> Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR]	Issuer	Reporting Person(s) to k all applicable)
(Last) (First) (Middle) C/O NEKTAR THERAPEUTICS, 150 INDUSTRIAL ROAD	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>09/20/2006</li></ul>	X Director Officer (give below)	title 10% Owner Other (specify below)
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by C	vint/Group Filing(Check One Reporting Person Iore than One Reporting
SAN CARLOS, CA 94070		Person	tore than one reporting
(City) (State) (Zip)	Table I - Non-Derivative Securities A	cquired, Disposed of	, or Beneficially Owned
(Instr. 3) any		Securities Fe Beneficially (I Owned (I	. Ownership7. Nature ofform: DirectIndirectD) or IndirectBeneficialI)OwnershipInstr. 4)(Instr. 4)
Reminder: Report on a separate line for each of	class of securities beneficially owned directly o	r 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.

 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 orDerivative 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 (Right to Buy) (1)	\$ 14.36	09/20/2006		A	15,000	(2)	09/20/2014	Common Stock	15,000
Restricted Stock Unit	\$ 0.01	09/20/2006		А	5,000	(3)	<u>(4)</u>	Common Stock	5,000

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## **Reporting Owners**

Director 10% Owner Officer Other Krivulka Joseph J	<b>Reporting Owner Name / Address</b>	Relationships				
*		Director	10% Owner	Officer	Other	
C/O NEKTAR THERAPEUTICS 150 INDUSTRIAL ROAD SAN CARLOS, CA 94070	C/O NEKTAR THERAPEUTICS 150 INDUSTRIAL ROAD	Х				
Signatures	Signatures					
/s/ Gil Labrucherie, by power of 09/20/2006 attorney	• -	09/20/2006				
<u>**</u> Signature of Reporting Person Date	**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) The Reporting Person is receiving this equity compensation under the Company's 2006 Compensation Plan for Non-Employee Directors.
- (2) 1/12th of the shares shall vest per calendar month commencing September 20, 2006. The shares shall fully vest on September 20, 2007.
- (3) The shares of Common Stock are issued upon the vesting of restricted stock units granted to the holder. All of the Restricted Stock Units shall vest on September 20, 2007.
- (4) Not applicable.

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.