FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

APPROVAI	

OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	de pursuant to a or written plan for the equity securities of the ed to satisfy the conditions of Rule			
1. Name and Address Panacea Innov	of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/17/2025	Officer (give title Other (specify below)
UGLAND HOUS	DRPORATE SERVI E	ICES LIMITED,	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person
(Street)				X Form filed by More than One Reporting Person
GRAND CAYMAN	E9	KY1-1104		
(City)	(State)	(Zip)		

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	07/17/2025		P		19,335	A	\$9.6391	1,350,000		See Footnotes ⁽¹⁾⁽²⁾	

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	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		5. Num Derivat Securit Acquire or Disp (D) (Ins and 5)	ive ies ed (A) osed of	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and A Securities Un Derivative Se (Instr. 3 and A	nderlying ecurity	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			

			Code	v
1. Name and Address of F	Reporting Person *			
Panacea Innovati	on Ltd			
				-
(Last)	(First)	(Middle)		
C/O MAPLES CORF	ORATE SERVICES	LIMITED,		
UGLAND HOUSE				
(Street)				_
GRAND CAYMAN	E9	KY1-1104		
(City)	(State)	(Zip)		
1. Name and Address of F	Reporting Person *			
<u>Huang James</u>				
				-
(Last)	(First)	(Middle)		
C/O MAPLES CORF	PORATE SERVICES	LIMITED,		
UGLAND HOUSE				
(Street)				
GRAND CAYMAN	E9	KY1-1104		
				-
(City)	(State)	(Zip)		

Explanation of Responses:

- 1. Represents securities held by Panacea Venture Healthcare Fund II, L.P.
- 2. James Huang is the sole owner of Panacea Innovation Limited, which is the sole owner of Panacea Venture Healthcare Fund II GP Company, Ltd. ("Fund II GP") and Panacea Opportunity Fund I GP Company, Ltd. ("Opportunity Fund GP"), which are the general partners of Panacea Venture Healthcare Fund II, L.P. and Panacea Opportunity Fund I, L.P. As a result, each of the Reporting Persons may be deemed to share beneficial ownership of the securities held of record by Panacea Venture Healthcare Fund II, L.P. and Panacea Opportunity Fund I, L.P., but each disclaims such beneficial ownership.

Panacea Innovation Limited By:

07/21/2025 /s/ James Huang, Founding

Managing Partner

07/21/2025 /s/ James Huang ** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.