FORM 4

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

| OMB APPROV | 'AL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bure | den |
| hours per response | 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

| I INMINE AND | (Print or Type Responses) | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|---|---|--------------------------------------|---|--|--|---|---|--|---------------------------------------|--|--|---------------------------------|--|---|--|
| 1. Name and Address of Reporting Person *- Yarema Kristin | | | | 2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA] | | | | | | | (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BLVD., SUITE 900 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022 | | | | | | | X Officer (give title below) Other (specify below) Chief Commercial Officer | | | | v) |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | |
| SOUTH SAN FRANCISCO, CA 94080 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | Acquire | ured, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes | | | 2A. Deemed Execution Date, if | | 3. Trans Code (Instr. 8 | saction 4 | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | ired 5. Amount of | | Securities Beneficially ving Reported | | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v . | Amount | (A) or (D) | Price | | | | (I) (Instr. 4) | |
| Common S | Stock | | 03/01/2022 | | | A | | 5,533 | A | \$ 0 171 | 171,415 | | | D | |
| Reminder: Re | eport on a sep | parate line for each of | class of securities be | enericially | owned d | rectly or | Person in this | orm are | not re | quired t | collection o to respond | | | | 1474 (9-02) |
| Reminder: Re | eport on a se | parate line for each of | class of securities be | enericially | owned d | rectly or | Person in this | orm are | not re | quired t | | | | | 1474 (9-02) |
| | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date (Month/Day/Year) | Table II - 3A. Deemed Execution Date, if | Derivativ (e.g., puts 4. Transac Code | ye Securit s, calls, w 5. No of D Secu) Acqu or D | ies Acqui arrants, o imber erivative rities iired (A) sposed | Person in this is a curre ired, Dispersions, co | orm are noting valid esed of, or novertible a ercisable a Date | not red I OMB Benefi securit | quired t control icially O ies) | to respond of number. wned and Amount rlying es | 8. Price of | 9. Number of Derivative Securities Beneficially Owned | f 10. Owners Form of Derivati Security | 11. Naturof Indire Benefici Ownersl (Instr. 4) |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of | 3. Transaction Date | Table II - 3A. Deemed Execution Date, if | Derivativ (e.g., puts 4. Transac Code | ve Securits, calls, w 5. No tion of D Secu Or D of (I | ies Acqui arrants, o umber crivative cities cired (A) sposed) | Person in this to a curre a curre options, co | orm are noting valid esed of, or novertible a ercisable a Date | not red I OMB Benefi securit | quired to control cont | to respond of number. wned and Amount rlying es | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | f 10. Owners Form of Derivati Security Direct (or Indire | 11. Naturof Indire Benefici Ownersl (Instr. 4) |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II - 3A. Deemed Execution Date, if | Derivativ (e.g., puts 4. Transac Code | ve Securits, calls, w 5. Notion of D Security Acquired or D of (I (Inst | ies Acquiarrants, cumber errivative rities irred (A) sposed) : 3, 4,) | Person in this to a curre a curre options, co | orm are intly valid used of, or invertible ercisable a Date uy/Year) | not ree I OMB Benefi securit | quired to control cont | to respond of number. wned and Amount rlying es | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following | f 10. Owners Form of Derivati Security Direct (or Indire | 11. Naturof Indire Benefici Owners! (Instr. 4) |

| | Relationships | | | | | |
|--|---------------|--------------|--------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Yarema Kristin C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BLVD., SUITE 900 SOUTH SAN FRANCISCO, CA 94080 | | | Chief Commercial Officer | | | |

Signatures

| /s/ David Tucker, Attorney-in-Fact for Kristin Yarema | 03/03/2022 |
|---|------------|
| 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) These restricted stock units vest in 16 equal quarterly installments on each Company Quarterly Vesting Date (as defined below), with the initial installment vesting on May 15, 2022, subject to the reporting person's continuous service. Company Quarterly Vesting Date means March 1, May 15, August 15 and November 15 of each year.
- (2) 1/48th of the shares subject to the stock option vest and become exercisable each month with the initial installment vesting on April 1, 2022, subject to the reporting person's continuous service.

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.