### FORM 4

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

OMB APPRO	VAL
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).

#### 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

(Print or Typ	e Responses	)																
1. Name and Address of Reporting Person * Gallagher Carol Giltner				2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BOULEVARD, SUITE 900			, INC., 611	3. Date of Earliest Transaction (Month/Day/Year) 06/23/2022								(	Officer (give	title below)	Oth	er (specify belo	w)	
(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 Acqui						red, Disposed of, or Beneficially Owned								
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Ye		ate, if				4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)				ed Follow saction(s)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				(11011111	24,	7 ()	Cod	le	V A	Amount	(A) or (D)	Price	(instr. 3 and 4)			or Indirect (I) (Instr. 4)	•	
Common	Stock		06/23/2022				A		2 (1	0,500	A	\$ 0	132,	418 (2)	<u>(2)</u>		D	
			Table II -					in dis uired,	this f splay Dispo	orm are s a curi	e not re ently v	equired valid O ficially	d to ro	espond ontrol n	unless the	ion contain form		1474 (9-02)
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction 3A. Deemed	4. 5. Nu f Transaction of De Code Secur r) (Instr. 8) Acqu or Dis of (D) (Instr		5. Num of Deriv Securiti	mber do Date l Expiration (Month/sposed l) . 3, 4,		te Exe	convertible securi Exercisable and on Date Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		ng	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form of Derivati Security Direct ( or Indire	(Instr. 4)	
				Code	V	(A)	(D)	Date Exerc	cisable	Expira Date	tion	Title		Amount or Number of Shares		(Instr. 4)	(Instr. 4	)
Non- Qualified Stock Option (Right to Buy)	\$ 7.35	06/23/2022		A		31,500	)	,	(3)	06/22	2/2032	Comi Sto		31,500	\$ 0	31,500	D	

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gallagher Carol Giltner C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BOULEVARD, SUITE 900 SOUTH SAN FRANCISCO, CA 94080	X					

# **Signatures**

/s/ David Tucker, Attorney-in-Fact	06/27/2022
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 shall vest on the earlier of June 23, 2023 or the date of the next annual meeting of stockholders, subject to the Reporting Person's continuous service
- (2) The amount of securities beneficially owned by the reporting person shown here corrects an inadvertent understatement of 100 shares in a prior Form 4.
- (3) The option shall vest on the earlier of June 23, 2023 or the date of the next annual meeting of stockholders, 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.