FORM 4

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

OMB APPROVAL						
MB Number: 3235-02						
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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																
Name and Address of Reporting Person * Ciechanover Isaac E.				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 _X_ Officer (give title below) Other (specify below)					
(Last) (First) (Middle) 3260 BAYSHORE BOULEVARD (Street) BRISBANE, CA 94005				3. Date of Earliest Transaction (Month/Day/Year) 10/21/2014												
				4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person				Line)		
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acqui					s Acquired	ired, Disposed of, or Beneficially Owned						
1.Title of Se (Instr. 3)	ecurity	:	(Month/Day/Year)		2A. Deemed Execution Date, i any (Month/Day/Yea		(Instr. 8)		(A) or Disposed		of (D) Owned Follo		(s)		Ownership Form:	Beneficial Ownership
						C	Code V		Amount (A) or		Price					
			Table II - I					form d	lispla osed (ys a cur of, or Ben	rently vali	id OMB o	ontrol nur	nd unless nber.		
	2. 3. Transaction 3A. Deemed	nversion Date Exercise (Month/Day/Year ce of rivative	(e.g., puts, calls, warrants, op 4. 5. Number Transaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an Amount o Underlyin Securities (Instr. 3 an	f g	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersl Form of Derivati Security Direct (I or Indire	Ownersh (Instr. 4)				
				Code	V	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit	(1)	10/21/2014		A		94,523		(2)	1	<u>(3)</u>	Commor Stock	94,523	\$ 0	94,523	D	

Reporting Owners

P (Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ciechanover Isaac E. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005	X		Chief Executive Officer				

Signatures

/s/ Tina Gullotta, Attorney-in-Fact for Isa	ac E. Ciechanover	10/23/2014
**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) Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock or a cash settlement.
 - The restricted stock units ("RSUs") were granted with both (a) a liquidity event-based vesting condition and (b) a service-based vesting condition, both of which conditions must be satisfied in order for the RSUs to vest. The liquidity event-based condition was satisfied upon the closing of the Issuer's initial public offering (the "IPO"). The shares that vest on the closing of the IPO shall be settled on the first business day after the date that is six months after the closing of the IPO. For PSUs that vest offer the closing of the IPO.
- (2) the closing date of the IPO shall be settled on the first business day after the date that is six months after the closing of the IPO. For RSUs that vest after the closing of the IPO, the settlement shall occur on the first business day in January of the year immediately following the year in which the RSUs became vested. The RSUs vest as follows: 1/48th of the total number of shares monthly from January 10, 2014.
- $\textbf{(3)} \ The \ earlier \ of \ (i) \ January \ 10, 2021 \ or \ (ii) \ the \ second \ anniversary \ of \ termination \ date.$

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.	