FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0	287					
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nours per response	e	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

Print or Ty	pe Response	s)													
Name and Address of Reporting Person * Haqq Christopher			I	2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 701 GATEWAY BOULEVARD, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2015						X Officer (give title below) Other (specify below) Chief Medical Officer				
(Street) SOUTH SAN FRANCISCO, CA 94080			4	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					
(City		(State)	(Zip)											
		(5)				1							Beneficially		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		y/Year) E	A. Deemed execution Date, if ny Month/Day/Year)			r Disposed of (D) . 3, 4 and 5)					6. Ownership Form:	7. Nature of Indirect Beneficial Ownership			
			(1)	wionui/Day/ i ear)	Code	V	Amount	(A) or (D)	Price	(msu. 3 a	or I		or Indirect		
Common	Stock		06/15/201	15		S(1)		300	D	\$ 44.56	261,365			D	
Common	Stock		06/15/201	15		S(1)		6,100	D	\$ 46.34 (2)	255,265			D	
Common	Stock		06/15/201	15		S(1)		1,100	D	\$ 47.34 (3)	254,165			D	
Common	Stock										20,000			I	See footnote (4)
Reminder: ndirectly.	Report on a	separate line f	for each clas	s of securi	ities beneficially o		Pers	sons wh	n this i	form ar	e not req	uired to re	nformation espond un	less	EC 1474 (9- 02)
			Tal		rivative Securiti g., puts, calls, wa							l			
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date See (Month/Day/Year) 3. A. Deemed Execution Date, if Code (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Securities 4. S. Number of Date Exercisable and Expiration Date Derivative (Month/Day/Year)		Am Und Sec	7. Title and Amount of Underlying Securities (Instr. 3 and 4) 8. Price of Derivative Securities (Instr. 5) (Instr. 3 and 4) 8. Price of 9. Number Derivative Securities Gecurity Securities Heneficiall Owned Following Reported Transactio (Instr. 4)			Owners Form of Derivati Security Direct (or Indire	Ownersh (Instr. 4)						
					Code V	(A) (D)	Dat Exe	e ercisable	Expirat Date		Amount or e Number of Shares				
Repor	ting O	wners													
					Relat	ionships									
Repo	rting Owner	r Name / Add	lress	Director	10% Owner Of				Other						

Chief Medical Officer

Signatures

Haqq Christopher

701 GATEWAY BOULEVARD

SOUTH SAN FRANCISCO, CA 94080

/s/ Tina Gullotta, Attorney-in-Fact for Christopher Haqq	06/16/2015		
**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) Transaction pursuant to Rule 10b5-1 Plan adopted March 11, 2015.
- (2) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$46.02 to \$46.86. The reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.
- (3) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$47.06 to \$48.04. The reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.
- (4) The shares are held by the Chris Haqq 2014 GRAT, of which the Reporting Person is trustee.

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.