# FORM 4

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

OMB APPROVAL							
DMB Number:	3235-0287						
Estimated average burden							
ours per respons	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	es)														
Name and Address of Reporting Person * Haqq Christopher				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) 07/15/2015							X Officer (give title below) Other (specify below)  Chief Medical Officer				
(Street) SOUTH SAN FRANCISCO, CA 94080			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City		(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Yea	any	emed on Date, if /Day/Year	(Instr. 8)	ction	4. Secur (A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
						Code	V	Amount	or (D)	Price				(I) (Instr. 4)		
Common	Stock		07/15/2015			S(1)		1,700	D	\$ 62.73 (2)	249,965	i		D		
Common	Stock		07/15/2015			S(1)		800	D	\$ 63.39 (3)	249,165	65		D		
Common	Stock										20,000			I	See footnote (4)	
			Table II			ies Acquir	the ed, D	form dis	splays of, or E	a curi Benefici	ently valid	d OMB co	espond un ntrol numb		02)	
1. Title of Derivative Security (Instr. 3)  1. Title of 2. Conversion I or Exercise (Price of Derivative Security			Execution	d 4 Date, if T	ransaction	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	r 6. I and (Me	Date Exerc Expiration	cisable on Date	7. e Ar Ur Se	Title and nount of iderlying curities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	Ownersh (Instr. 4) D)	
					Code V	(A) (D)		e ercisable	Expira Date	tion Tit	Amount or Number of Shares					
Repor	ting O	wners														
Reporting Owner Name / Address				Relationships					1							
			Direct	or 10% (	Owner Of	ficer			Other							
Haqq Christopher 701 GATEWAY BOULEVARD SUITE 200 SOUTH SAN FRANCISCO, CA 94080			Chief Medical (			Officer										

## **Signatures**

/s/ Tina Gullotta, Attorney-in-Fact for Christopher Haqq	07/16/2015		
**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 \$62.22 to \$63.205. 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 \$63.27 to \$63.56. 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.