# FORM 4

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

OMB APPRO	VAL				
OMB Number:	3235-0287				
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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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person *- Fust Matthew K				2. Issuer Name <b>and</b> 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., 701 GATEWAY BOULEVARD, SUITE 200			, INC., 701	3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016									re title below)		ner (specify below	w)
(Street) SOUTH SAN FRANCISCO, CA 94080				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				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year		Date (Month/Day/Year)	2A. Deemed Execution Date, if		nte, if C	(Instr. 8)		(A) or	Disposed (3, 4 and 5)  (A) or (D)	of (D) Ow Tra	5. Amount of Securities Beneficia Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	Ownership Form:	Beneficial Ownership	
Derivative Conversion		3. Transaction 3A. Deemed		(e.g., puts, calls, wa  4. 5. No Transaction of Code Deri ar) (Instr. 8) Secu Acqu (A) 0 Disp (D)		5. Num of Derivat Securiti Acquire (A) or Dispose	ities Acquired, varrants, optic (Number 6. Exprivative curities quired ) or sposed of )		Expiration Date [Month/Day/Year)		m are not required ently valid OMB c eficially Owned		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	of 10. Ownersh Form of Derivativ Security: Direct (C or Indire	
				Code	v	and 5)	(D)	Date Exercisal		epiration ate	Title	Amount or Number of Shares		(Instr. 4)	(msu. 4)	
Non- Qualified Stock Option (Right to Buy)	\$ 24.05	01/04/2016		A		10,500		(1)	01	//04/2023	Commo Stock	n 10,500	\$ 0	10,500	D	
Repor	ting O	wners														

Barrandina Orania Nama / Addina	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Fust Matthew K C/O ATARA BIOTHERAPEUTICS, INC. 701 GATEWAY BOULEVARD, SUITE 200 SOUTH SAN FRANCISCO, CA 94080	X						

## **Signatures**

/s/ Tina Gullotta, Attorney-in-Fact for Matthew K. Fust	01/05/2016
**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) The option will vest 100% on January 1, 2017.

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.