Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235 Estimated average burden 3235-0287 0.5 hours per response..

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	s)																			
Name and Address of Reporting Person *     Porter Derrell					2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]										Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BOULEVARD, SUITE 900															Director 10% Owner Officer (give title below) Other (specify below)  SVP, Head of Global Commercial						
(Street)															6. Individual or Joint/Group Filing(Check Applicable Line)						
SOUTH SAN FRANCISCO, CA 94080															_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, 1										Disposed	of, or Ben	eficially Ow	vned			
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)		if C	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			of (D)				-	6. Ownership Form: Direct (D) or Indirect		eneficial wnership	
								Code	V	Amo		A) or (D)	Price					(I) (Instr.	ľ		
Common Stock 05/			05/15/2018					M(1)	<b>+</b> •	16,3	-	` '	\$ 14.3	28,8	334			D	7)		
Common Stock			05/15/2018					S(1)		16,3		) .	\$ 45.02		2,500			D			
													-1								
Reminder: F	Report on a s	eparate line for ear	ch class of sec	curities	beneficia	lly ow	ned d	lirectly	Pers	ons v	l in t	his fo	rm are	not i	equired	of inform to respon	nd unless t		SEC 14	74 (9-02)	
			Tab		erivativo									ly Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea			if Transaction of Code Do Action (Annual Property of Code)   Code   Code		Deriva Securi Acquir A) or	ative ities red sed of 3, 4,	Expirat	Exercisable and ion Date //Day/Year)		Amo Unde Secu	itle and bunt of erlying urities r. 3 an	d 4)		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y De Seconomics) (I)	vnership rm of			
					Code	V (.	A)	(D)	Date Exercis	Expiration sable Date		ration	Title	;	Amount or Number of Shares						
Employee Stock Option (Right to Buy)	\$ 14.3	05/15/2018			M <sup>(1)</sup>		10	6,334	<u>(3</u>	ù	05/1	0/202	Con St	nmon ock	16,334	\$ 0	113,666	5	D		
Repor	ting O	wners																			
Par				Relati	onships	hips															
Reporting Owner Name / Address Direct					etor 10% Owner Office			icer						Other							
Porter Derrell C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BOULEVARD, SUITE 900 SOUTH SAN FRANCISCO, CA 94080					SVP, Head o					Global Commercial											
Signat	ures																				
/s/ David	Tucker, At	torney-in-Fact	for Derrell I	Porter		05/	16/2	2018													
	**Sign	ature of Reporting Perso	un.				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 9, 2018.

- (2) holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range
- (3) 25% of the shares subject to the option vest and become exercisable on May 10, 2018 and 1/48th of the shares subject to the stock option vest and become exercisable each full month thereafter.

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ \textit{see} \ Instruction \ 6 \ for \ procedure.$ 

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.