FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 and 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., 611 GATEWAY BOULEVARD, SUITE 900				3. Date of Earliest Transaction (Month/Day/Year) 11/04/2021						Office	er (give title belo	ow)(Other (specify b	elow)
(Street) SOUTH SAN FRANCISCO, CA 94080				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						Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Year	f Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		of (D)			Following (s)	Ownership or Form: B Orrect (D) or Indirect (I	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	Amour	nt (A) or (D)	Price				(I) (Instr. 4)	
Common Stock		11/04/2021		S ⁽¹⁾		13,35	4 D	\$ 19.5	31,500		D			
Reminder:	Report on a s	separate line fo		Derivative Securi	ties Acqui	Pers cont the t	ons whatained in form dis	no respo n this fo splays a of, or Ber	rm are curre	not requesting ntly valid	OMB con	formation spond unlea trol number	ss	1474 (9-02)
1 7711 6		2.77		e.g., puts, calls, w	l	_				1	0 D : C	0.37 1	6 10	11.37
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Execution Da any	te, if Transaction Code Year) (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and Expiration Date (Month/Day/Year) A US (I) (I) A US (I) (I) (I) (I) (I) (I) (I) (I		Amo Und Secu	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownersh : (Instr. 4)	
				Code V	(A) (D)		e rcisable	Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fust Matthew K C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BOULEVARD, SUITE 900 SOUTH SAN FRANCISCO, CA 94080	X					

Signatures

/s/ David Tucker, Attorney-in-Fact	11/05/2021
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 May 14, 2021.

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.