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

Name and Address of Reporting Person * Dupont Jakob					2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner							
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BOULEVARD, SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 11/16/2021								X Officer (give title below) Other (specify below) EVP, Head of R&D							
SOUTH SAN FRANCISCO, CA 94080				4. If	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 Acqui						cquii	ired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)			Date	h/Day/Year)	Execu any	Deemed cution Date, if onth/Day/Year)	f C	Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		d of (E	(D) Benefic Reporte		ount of Securities cially Owned Following ed Transaction(s)		Ownership Form:		7. Nature of Indirect Beneficial Ownership	
					(Monui/Day/10		.)	Code		V	Amount	(A) or (D)	Pri	ce	(Instr. 3 and 4)				ndirect (Instr. 4)
Common Stock			11/16/2021					S ⁽¹⁾			2,199	D	\$ 17.1 (2)	169	90,594		D			
Reminder:	Report on a s	separate line	for each	class of secu	rities b	eneficially	owi	ned di	rectly	y 01	indirectl	у. Г								
									c	on	tained i	n this	form	are	not requ	ction of inf ired to res OMB con	spond unle		SEC 14	174 (9-02)
						ative Secur									y Owned					_
Security	2. Conversion or Exercise Price of Derivative Security			Execution Da any		4. Transaction Code Year) (Instr. 8)				and	5. Date Exercisable and Expiration Date Month/Day/Year)			Amo Unde Secu	tle and unt of orlying rities : 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y E E E E E E E E E E E E E E E E E E E	Ownershi Form of Derivativ Security: Direct (D or Indirec	Beneficia Ownersh (Instr. 4)
						Code V	7 ((A) (Dat Exe	te ercisable	Expir Date	ation ,	Title	Amount or Number of Shares					

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Dupont Jakob								
C/O ATARA BIOTHERAPEUTICS, INC.			EVP, Head of R&D					
611 GATEWAY BOULEVARD, SUITE 900		EVF, Head of R&D						
SOUTH SAN FRANCISCO, CA 94080								

Signatures

/s/ David Tucker, Attorney-in-Fact for Jakob Dupont	11/18/2021
**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) Shares sold pursuant to a 10b5-1 arrangement to satisfy tax obligations in connection with the vesting of previously granted Restricted Stock Units.
- The sale price of the reporting person's shares represents the weighted average price of all shares sold by a broker on November 16, 2021 on behalf of a group of employees of the Issuer to satisfy the payment of withholding tax liability of such employees. The prices actually received ranged from \$16.45 to \$17.3823. 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 on behalf of the group at each price within the range.

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.