FORM	4
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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

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SEC 1474 (9-02)

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 Type Responses	5)		n								
1. Name and Address of Koppikar Utpal	2. Issuer Name an Atara Biotherap			U .		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) C/O ATARA BIOT INC., 611 GATEW	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2022						XOfficer (give title below) Other (specify below) Chief Financial Officer				
SOUTH SAN FRAI	4. If Amendment, I	Date Origin	al Fi	led(Month/I	Day/Year)	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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if	Code		(A) or D	<u>.</u>		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stools		06/08/2022		Code		Amount	(D)	Price \$	202 522 (2)	(Instr. 4)	
Common Stock		06/08/2022		S <mark>(1)</mark>		5,853	D	5.63	203,529 (2)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(e.g., puts, cans, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on Number		and Expiration	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	le of		(Month/Day/	Year)	Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	str. 8) Derivative		ative			Securities (Inst		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				5	Securi	ties			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security			Acquired		red		4)				Following	Direct (D)		
					((A) or							Reported	or Indirect	
				Disposed		sed						Transaction(s)	(I)		
					of (D)								(Instr. 4)	(Instr. 4)	
					(Instr. 3,										
					4, and 5)										
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								LACICISAUle	Date		of				
				Code V	/	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Koppikar Utpal C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BLVD., SUITE 900 SOUTH SAN FRANCISCO, CA 94080			Chief Financial Officer				

Signatures

/s/ David Tucker, Attorney-in-Fact for Utpal Koppikar Signature of Reporting Person Date Date

Explanation of Responses:

- ** 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.
- (2) Includes 1,790 shares purchased under the Issuer's Employee Stock Purchase Plan on May 31, 2022.

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.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).