FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287
	Estimated average burden	
- 1	hours nor recogness:	0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

10b5-1(c). See In	struction 10.			
1. Name and Addre <u>Henrich Jill</u>	ss of Reporting Pe	rson*	2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ ATRA ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner
(Last) C/O ATARA B	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/08/2024	X Officer (give title Other (specify below)  EVP, Global Head RA & Quality
2380 CONEJO  (Street)  THOUSAND OAKS	SPECTRUM ST	91320	4. If Amendment, Date of Original Filed (Month/Day/Year)	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

	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
	Code V Amount (A) or (D)		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock	01/08/2024		A	450,000(1)	A	\$0	558,880(2)	D	

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		Derivative		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

### Explanation of Responses:

1. These restricted stock units vest as to 1/8th of the total number of shares (rounded down to the next whole number of shares) on the second Quarterly Vesting Date (as defined below) following January 8, 2024, and as to 1/8th of the total number of shares (rounded down to the next whole number of shares) on the next seven Quarterly Vesting Dates, such that all of the shares shall be vested on the last Quarterly Vesting Date, subject to the reporting person's continuous service. "Quarterly Vesting Date" means March 1, May 15, August 15, and November 15 of each year, provided that if such date falls on a weekend or holiday, the Quarterly Vesting Date shall be the first business day after such date.

2. Includes 4,456 shares purchased under the Issuer's Employee Stock Purchase Plan on November 30, 2023.

/s/ Jeff Kiekhofer, Attorney-in-Fact for Jill Henrich

\*\* Signature of Reporting Person Date

01/09/2024

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

- \* 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).

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

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 Number.