FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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).

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 Ins	truction 10.							
1. Name and Address of Reporting Person* <u>Hyllengren Eric J</u>		son *	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				
		, ,	3. Date of Earliest Transaction (Month/Day/Year) 01/08/2024	X Officer (give title Other (specify below)  EVP, CFO				
C/O ATARA BIO	OTHERAPEUT.	ICS, INC.		EVP, CrO				
2380 CONEJO SPECTRUM ST, SUITE 200		SUITE 200	If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person				
(Street)				Form filed by More than One Reporting Person				
THOUSAND OAKS	CA	91320		, and the state of				
(City)	(State)	(Zip)						

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	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)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	nount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		
Common Stock	01/08/2024		A		475,000(1)	A	\$0	680,998	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	 3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		5. Num Derivat Securit Acquire or Disp (D) (Ins	tive ties ed (A) oosed of	Expiration Day/\			Derivative Security (Instr. 5)	Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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.

> /s/ Jeff Kiekhofer, Attorney-in-Fact for Eric J. Hyllengren

01/09/2024

\*\* Signature of Reporting Person

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.