FORM 4

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

OMB APPROVAL						
MB Number:	3235-0287					
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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

e Responses)													
ame and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]					5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
	(First) SOULEVARD		3. Date of Earliest Transaction (Month/Day/Year) 10/15/2014				X	X Officer (give title below) Other (specify below) Chief R & QA Officer						
JE, CA 940	(Street)	4	4. If Amendment, Date Original Filed(Month/Day/Year)				_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
	(State)	(Zip)			Tab	le I -	Non-Deriv	ative Securities	Acquired	, Disposed	l of, or Ben	eficially Own	ed	
ecurity	1	Date	Execution any	n Da	ate, if Co	ode istr. 8	(A) (B) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	A) or Disposed of Instr. 3, 4 and 5) (A) or	of (D) Owr Tran (Inst	5. Amount of Securities Beneficial O) Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D) or Indirect (I)	Nature f Indirect eneficial wnership nstr. 4)
Report on a so	eparate line for each	Table II - I	Derivativ	e Se	curities .	Acqu	Persor contain form d	is who respond ned in this form isplays a curro osed of, or Bene	m are not ently valid eficially Ow	required d OMB co	to respon	nd unless th		74 (9-02)
Title of cerivative curity 2. 3. Transaction Date Conversion or Exercise (Month/Day/Year) any		4. 5. Transaction of Code D (Instr. 8) Sc A (1/2) C (Instr. 8) C (1/2) C (1/2		5. Num of Derivat Securit Acquir (A) or Dispose (D) (Instr. 3	5. Number of Ex Derivative Securities Acquired (A) or Disposed of D) (Instr. 3, 4,				7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial	
			Code	V		(D)		Expiration le Date	Title	Amount or Number of Shares				
\$ 11	10/15/2014		M				(1)	10/14/2021	Common	n	\$ 0	15,000	D	
	d Address of chall G. YSHORE B NE, CA 940 Conversion or Exercise Price of Derivative Security	d Address of Reporting Person chall G. (Street) NE, CA 94005 (State) Report on a separate line for each or Exercise Price of Derivative Security	d Address of Reporting Person chall G.) (First) (Middle) (SHORE BOULEVARD (Street) NE, CA 94005) (State) (Zip) ecurity 2. Transaction Date (Month/Day/Year) Report on a separate line for each class of securities Table II - 1 (Conversion or Exercise Price of Derivative Security 3. Transaction (Month/Day/Year) 3. A. Deemed Execution Date, i any (Month/Day/Year) (Month/Day/Year)	d Address of Reporting Person - chall G. (First) (SHORE BOULEVARD (Street) (Street) (Street) (Street) (Street) (Street) (Street) (A. If Ame A. If	d Address of Reporting Person * Chall G. (Street)	Address of Reporting Person 2. Issuer Name and TAtara Biotherapeutic Atara Biotherapeutic Ata	Address of Reporting Person - Chall G. (First) (Middle) (Middle) (Middle) (Street) (Middle) (Street) (Street) (State) (State) (State) (Zip) (State) (Zip) (Table I - Derivative Securities Date (Month/Day/Year)	2. Issuer Name and Ticker or Trading Atara Biotherapeutics, Inc. [ATR Atara Biotherapeutics, Inc. [ATR Atara Biotherapeutics, Inc. [ATR 3. Date of Earliest Transaction (Month 10/15/2014 (Street) (A. If Amendment, Date Original Filed(street) (Month/Day/Year) (Code (Instr. 8) (Instr. 3, 4, and 5) (Instr. 3, 4, and 5)	2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA] 3. Date of Earliest Transaction (Month/Day/Year) NE, CA 94005 10/15/2014 4. If Amendment, Date Original Filed(Month/Day/Year) NE, CA 94005 10/2 (State) 10/2 (Zip) 10/15/2014 4. If Amendment, Date Original Filed(Month/Day/Year) NE, CA 94005 10/2 (Zip) 10/2 (Zip)	Address of Reporting Person - chall G. Atara Biotherapeutics, Inc. [ATRA] 3. Date of Earliest Transaction (Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3) Table I - Non-Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Oversion of Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3) 3. Transaction Date (Month/Day/Year) (Instr. 3, 4, and 5) Date Expiration Date (Month/Day/Year) (Instr. 3, 4, and 5) Date Expiration Date (Month/Day/Year) (Instr. 3, 4, and 5) Date Expiration Date (Instr. 3, 4, and 5) Date Expiration Date (Instr. 3, 4, and 5) Title Code V (A) (D) Date Expiration Date (Instr. 3, 4, and 5) Title Code Code V (A) (D) Date Expiration Date (Instr. 3, 4, and 5)	Address of Reporting Person - Attara Biotherapeutics, Inc. [ATRA] 2. Issuer Name and Ticker or Trading Symbol Attara Biotherapeutics, Inc. [ATRA] 3. Date of Earliest Transaction (Month/Day/Year) (Street) (A) If Amendment, Date Original Filed(Month/Day/Year) (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr.	Address of Reporting Person - Chall G. Atara Biotherapeutics, Inc. [ATRA] SHORE BOULEVARD (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (State) (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Appears who respond to the collection of inform contained in this form are not required to respond form displays a currently valid OMB control num Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (r.g., puts, calls, warrants, options, convertible securities) 2. Transaction Conversion Date (R.g., puts, calls, warrants, options, convertible securities) 2. Transaction Conversion Date (R.g., puts, calls, warrants, options, convertible securities) 2. Transaction Conversion Date (R.g., puts, calls, warrants, options, convertible securities) 3. Transaction Conversion Date (R.g., puts, calls, warrants, options, convertible securities) 4. Shumber (R.g., puts, calls, warrants, options, convertible securities) 2. Securities Acquired, Disposed of, or Beneficially Owned (r.g., puts, calls, warrants, options, convertible securities) 2. Securities (Month/Day/Year) (Code V (A) (D) Amount or Disposed of (D) (Instr. 3) (Instr. 3 and 4) Amount or Disposed of (D) (Instr. 3) (Instr. 3) Amount or Disposed of (D) (Instr. 3) Amount or Number of Shares Amount or Number of Shares Amount or Number of Shares	Address of Reporting Person 2 Atara Biotherapeutics, Inc. [ATRA] (Chall G. (Fisc) (SHORE BOULEVARD (Middle) 3. Date of Earliest Transaction (Month/Day/Year) (Inf.) (Street) (Street) (Street) (State) (Zip) (State) (Zip) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3 and 4) (Romer) (Romer)	Address of Reporting Persons ** Chall G.

		Relationships		
Reporting Owner Name / Address	Director 10% Own		Officer	Other
Clark Mitchall G. 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005			Chief R & QA Officer	

Signatures

/s/ Tina Gullotta, Attorney-in-Fact for Mitchall G. Clark	10/16/2014
**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) 1/48th of the shares subject to the stock option vest and become exercisable each month following October 15, 2014.

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

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.