FORM 4

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

OMB APPROVAL					
MB Number:	3235-0287				
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ours per response	e 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

(11mt of Typ	e Responses)														
1. Name and Address of Reporting Person * Haqq Christopher			2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA] 3. Date of Earliest Transaction (Month/Day/Year) 10/21/2014 4. If Amendment, Date Original Filed(Month/Day/Year)						5. R	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Medical Officer						
(Last) (First) (Middle) 3260 BAYSHORE BOULEVARD (Street) BRISBANE, CA 94005									X							
									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				ine)		
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acqui						s Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if any (Instr. 8) (Ode (Instr. 8)		(A) (In			of (D) Own Trai (Ins	Owned Following Reported Transaction(s) (Instr. 3 and 4)		ted 0	Ownership Form:	Beneficial Ownership				
			Table II - I					containe form dis	ed in thi plays a ed of, or	s for	rently valid	require d OMB o	d to respo	nd unless t		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	Execution Date, if Transaction of and Exp		6. Date Exand Expir	re Exercisable xpiration Date th/Day/Year) 7. Titl Amou Under Securi		7. Title and Amount of Underlying Securities (Instr. 3 an	3		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)			
				Code	V	(A)	(D)	Date Exercisab	Expira le Date	ation	Title	Amount or Number of Shares				
Restricted Stock Unit	(1)	10/21/2014		A		13,266		(2)	<u>(3</u>	3)	Common Stock	13,266	\$ 0	13,266	D	

Reporting Owners

	Reporting Owner Name / Address	Relationships						
		Director	10% Owner	Officer	Other			
	Haqq Christopher 3260 BAYSHORE BOULEVARD BRISBANE, CA 94005			Chief Medical Officer				

Signatures

/s/ Tina Gullotta, Attorney-in-Fact for Christopher Haqq	10/23/2014	
**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) Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock or a cash settlement.
- The restricted stock units ("RSUs") were granted with both (a) a liquidity event-based vesting condition and (b) a service-based vesting condition, both of which conditions must be satisfied in order for the RSUs to vest. The liquidity event-based condition was satisfied upon the closing of the Issuer's initial public offering (the "IPO"). The shares that vest on the closing of the IBO shall be cattled on the first bysings day after the day that is given anythe after the closing of the IBO. For PSUs that vest offer the along of the IBO.
- (2) the closing date of the IPO shall be settled on the first business day after the date that is six months after the closing of the IPO. For RSUs that vest after the closing of the IPO, the settlement shall occur on the first business day in January of the year immediately following the year in which the RSUs became vested. The RSUs vest as follows: 1/48th of the total number of shares monthly from January 10, 2014.
- $\textbf{(3)} \ The \ earlier \ of \ (i) \ January \ 10, 2021 \ or \ (ii) \ the \ second \ anniversary \ of \ termination \ date.$

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.	