FORM 4

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

OMB APPROVAL
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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).

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)												
Name and Address of Reporting Haqq Christopher	2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) Chief Medical Officer					
701 GATEWAY BOULEVA	3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015											
(Street) SOUTH SAN FRANCISCO, CA 94080		4. If Amendment, Date Original Filed(Month/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)		То	ivativa C		ired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if	3. Transac Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities			6. Ownership Form:	Beneficial
			Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	07/01/2015		S(1)		1,200	D	\$ 50.94 (2)	252,965		D		
Common Stock	07/01/2015		S(1)		1,300	D	\$ 52.36 (3)	251,665			D	
Common Stock								20,000			I	See footnote (4)
Reminder: Report on a separate lir indirectly.	ne for each class of se	curities beneficially		Pers	sons wh	n this	form ar	e not req	uired to re	nformation espond un ntrol numb	less	EC 1474 (9- 02)
	Table II	- Derivative Securit (e.g., puts, calls, wa							l			
1. Title of Derivative Conversion Security (Instr. 3) 1. Transact Date Conversion Date (Month/D Derivative Security)	Execution any		5. Number of	er 6. Date Exercise and Expiration I e (Month/Day/Ye			7. T Am Und Sec	Title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownersh Form of Derivativ Security: Direct (D or Indirect	Beneficial Ownership (Instr. 4)
		Code V	(A) (D)	Dat Exe	e ercisable	Expira Date	tion Title	Amount or Number of Shares				
Reporting Owners												
Reporting Owner Name / Address Director			Relationships 10% Owner Officer									
Haqq Christopher 701 GATEWAY BOULEVARD SUITE 200 SOUTH SAN FRANCISCO, CA 94080			hief Medi	cal (Officer	Other						

07/02/2015 Date

Explanation of Responses:

/s/ Tina Gullotta, Attorney-in-Fact for Christopher Haqq

**Signature of Reporting Person

Signatures

- * 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) Transaction pursuant to Rule 10b5-1 Plan adopted March 11, 2015.
- (2) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$50.54 to \$51.20. The reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.
- (3) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$52.02 to \$52.83. The reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.
- (4) The shares are held by the Chris Haqq 2014 GRAT, of which the Reporting Person is trustee.

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.