FORM	4
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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).

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

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#### 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 Respon	ses)											
1. Name and Address Haqq Christopher	2. Issuer Name <b>a</b> Atara Biotherap			<b>.</b> .	mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
701 GATEWAY E	3. Date of Earliest Transaction (Month/Day/Year) 07/31/2015						X Officer (give title below) Other (specify below) Chief Medical Officer					
<sup>(Street)</sup> 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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		(Month/Day/Year)	Execution Date, if	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		1 of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock		07/31/2015		S <mark>(1)</mark>		2,500	D	\$ 55.43	246,665	D		
Common Stock									20,000	I	See footnote (2)	

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

indirectly.

Persons who respond to the collection of information SEC 1474 (9contained in this form are not required to respond unless 02) the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Nur	nber	6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature				
Derivative	Conversion	Date	Execution Date, if	Transaction	n oi	f		and Expiration Date		and Expiration Date		and Expiration Date		Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	eriva	ative	(Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial				
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	S	ecuri	ties	· · · ·		Securities		(Instr. 5)	Beneficially	Derivative	Ownership				
	Derivative				А	cqui	red			(Instr	: 3 and		Owned	Security:	(Instr. 4)				
	Security				(/	4) or				4)			0	Direct (D)					
					D	ispo	sed						Reported	or Indirect					
					0	f (D)							Transaction(s)	(I)					
					(I	nstr.	3,						(Instr. 4)	(Instr. 4)					
					4,	, and	5)												
											Amount								
								Date	Expiration		or								
								Date Exercisable		Title	Number								
								Exercisable	Date		of								
				Code V	7 (.	A)	(D)				Shares								

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Rune / Address	Director	10% Owner	Officer	Other			
Haqq Christopher 701 GATEWAY BOULEVARD SUITE 200 SOUTH SAN FRANCISCO, CA 94080			Chief Medical Officer				

### Signatures

/s/ Tina Gullotta, Attorney-in-Fact for Christopher Haqq	08/03/2015
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) Transaction pursuant to Rule 10b5-1 Plan adopted March 11, 2015.

(2) 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.