FORM 4

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

OMB APF	ROVAL					
OMB Number:	3235-0287					
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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 Ty	pe Response	s)																
Name and Address of Reporting Person * DOBMEIER ERIC				2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]							mbol	5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 701 GATEWAY BOULEVARD, SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 12/16/2015							-		er (give title belo		Other (specify b	pelow)	
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)							th/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)			Tal	ole I -	Non-	Deriv	ative S	ecurities A	Acquir	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	Execu any	ution Date, if Code (Instr. 8)			e tr. 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		of I	d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	G: 1		12/16/2015				Code		V	` ′		Price	2,500		(Instr. 4)			
								1	conta the fo	ained i	n this for splays a c	m are currei	not req	uired to re d OMB cor	formation espond unl ntrol numb	ess	EC 1474 (9- 02)	
			Table II - D								of, or Beno tible secur		ly Owned	1				
Security	Conversion	e of ivative Date Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)	Execution Da Year) any	emed 4. on Date, if Transaction Code /Day/Year) (Instr. 8)			of		r 6. Date Exercisable and Expiration Date e (Month/Day/Year)		Amo Unde Secu	nount of derlying curities str. 3 and Derivative Security (Instr. 5)		Owned Following Reported Transaction(s)	Owners Form of Derivati Security Direct (or Indire	Ownersh (Instr. 4)		
					Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

Reporting Owners

Booth Own Name / Add on	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
DOBMEIER ERIC C/O ATARA BIOTHERAPEUTICS, INC. 701 GATEWAY BOULEVARD, SUITE 200 SOUTH SAN FRANCISCO, CA 94080	X						

Signatures

/s/ Tina Gullotta, Attorney-in-Fact	12/17/2015
**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).

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.