FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden nours per response 0.5						
ours per response						

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	es)														
1. Name and Address of Reporting Person * Turner Heather D				I	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) VP, General Counsel & Sec.					
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 701 GATEWAY BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/09/2016											
(Street) SOUTH SAN FRANCISCO, CA 94080				4	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)		Т	able	e I - Non-	Deriv	vative Se	curities	Acqu	ired, Disp	osed of, or	Beneficially	Owned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		if Code (A) (D)			(A) or Disposed of			d 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership		
							Code	de V Amount		(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		02/09/2016	5			A		48,857 (1)	A	\$ 0	48,857			D	
Reminder: indirectly.	Report on a	separate line fo	or each class of	of securi	ities beneficiall	y ow	vned direc	tly oı								
manceny.								conta	ained in	this fo	rm ar	e not rec	ection of ir quired to re d OMB cor	espond un	less	EC 1474 (9- 02)
			Table		rivative Secur g., puts, calls, v			,		/			d			
Security or Exercise (Month/Day/Year) any		emed 4. on Date, if Transaction Code (Day/Year) (Instr. 8)			f	r 6. Date Exercisable and Expiration Date (Month/Day/Year)			Am Und Sec	Citle and ount of derlying urities etr. 3 and	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Ownersh (Instr. 4)		
					Code V	V (A) (D)	Date Exer	cisable I	Expiratio Date	n Titl	Amount or e Number of Shares				
Repor	ting O	wners														
			1]	Relations	hips				7				
Rep	orting Own	er Name / Ad	dress	Directo					_			ier				
Turner Heather D C/O ATARA BIOTHERAPEUTICS, INC. 701 GATEWAY BOULEVARD SOUTH SAN FRANCISCO, CA 94080				VP, General Counsel & Sec.												
Signat	tures															
/s/ Tina C		ttorney-in-Fa		ner D.	Turner		02/11/		5							

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) These restricted stock units vest in four equal annual installments on each of the first, second, third and fourth anniversaries of the grant date, subject to the reporting person's continuous service.

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 nu	mber.