FORM 4

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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per respon	se 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

	pe Response																
Name and Address of Reporting Person * Ciechanover Isaac E.					2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 3. Date of Earliest Transaction (Middle) 05/30/2017					n (Month/Day/Year)				X Officer (give title below) Other (specify below) Chief Executive Officer								
(Street)				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fil	ual or Joint/ ed by One Repo	orting Person		cable Line)	
SOUTH S	SAN FRAI	NCISCO, C										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) 2. Transaction Date (Month/Day/Year)				, if ((A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	unt of Securities ially Owned Following d Transaction(s)		Form:	7. Nature of Indirect Beneficial			
				(Mont	:h/Day/Ye	ear)	Cod	e	V	Amount	(A) or t (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/30/2017				S ⁽¹⁾)		3,450	D	\$ 13.44 (2)	459,528	528		I	See footnote (3)
Common	Stock		05/31/2017				S(1)		3,450	D	\$ 13.26 (4)	456,078	3		Ι	See footnote (3)
Common	Stock												731,859)		D	
Reminder: I indirectly.	Report on a	separate line	for each class of sec					P c tl	Pers ont he f	ons whained in	n this fo	orm a	e not req	ection of ir juired to re d OMB cor	espond un	less	EEC 1474 (9- 02)
			Table II - I		tive Secui its, calls,									i			
Derivative Security			on 3A. Deemed Execution D	ate, if	4. Transaction	5. Numb of Derivativ		tive ies ed ed 3,	6. Date Exercisa and Expiration De (Month/Day/Yea			7. An Un Sec	Fittle and abount of derlying curities str. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Owners Form of Derivat Securit Direct or India	Ownersh y: (Instr. 4) (D)
					Code	V (.	(A)		Date Exe	e rcisable	Expirati Date	on Tit	or Number of Shares				

Reporting Owners

D (1 0 N /A)	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ciechanover Isaac E. 611 GATEWAY BOULEVARD SUITE 900 SOUTH SAN FRANCISCO, CA 94080	X		Chief Executive Officer				

Signatures

/s/ Tina Gullotta, Attorney-in-Fact for Isaac E. Ciechanover	05/31/2017
**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 22, 2016.
- (2) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$13.10 to \$14.05. 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) Shares are held by the Isaac E. Ciechanover and Allison M. Ciechanover Family Trust dated 8/8/08, of which the Reporting Person is a trustee.
- The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$13.00 to \$13.40. 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.

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.