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

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

OMB APPF	ROVAL				
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 0.5				

(Print or Typ	pe Response	3)														
1. Name and Address of Reporting Person * Fust Matthew K				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) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BOULEVARD, SUITE 900			, INC., 611	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2017							Officer (give title below) Other (specify below)					
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_1	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 Acqui						Acquired,	ired, Disposed of, or Beneficially Owned					
1.Title of So (Instr. 3)				2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)		(A) or Disposed		sed of ad 5)	f (D) Own Tran (Ins	5. Amount of Securities Benefic Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	Stock		06/08/2017			(Code A	+	000 A		Price \$ 0 27,2	298			(Instr. 4)	
Reminder: I	Report on a s	separate line for each	il class of securities	s deficite la	my own			Persons containe	d in this	form	n are not	required	of inform I to respor ontrol num	nd unless t		1474 (9-02)
Reminder: I	Report on a s	separate line for each	ii ciass or securities	benericia	my own									41	an a	
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II - I	Derivative e.g., puts, 4. Transact Code	e Securi calls, w	ities A	acquire nts, opt er 6. Ex	Persons containe form dis	ed in this plays a content of the plays a content of the play of t	form current Benefic ecurit	n are not ntly valid	required d OMB co vned d f	to respondent on trol numbers of the second	nd unless t	f 10. Owners Form o	11. Nat
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise	3. Transaction Date	Table II - I (a 3A. Deemed Execution Date, if	Derivative e.g., puts, 4. Transact Code	5.1 tion of Dee Acc (A) Dis (D) (Ins	varrar Numbo rivative curities quired) or sposed	acquire nts, opt er 6. Ex- ve (Mss 1	Persons contained form dissed, Disposed tions, contained Date Exermination I	ed in this plays a content of the plays a content of the play of t	Beneficecurit	n are not ntly valid icially Ow ties) 7. Title and Amount of Underlying	required d OMB co	8. Price of Derivative Security	9. Number of Derivative Securities	f 10. Owners Form o Derivat Securit; Direct (or Indir	11. Nat hip of Indir f Benefic Owners (Instr. 2
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - I (a 3A. Deemed Execution Date, if	Derivative e.g., puts, 4. Transact Code	5.1 tion of Der Acc (A) Dis (D) (Insance	rivative variaties of the control of	cquire nts, opt er 6. Ex eve (Mess il 1 of 4,	Persons contained form dissed, Disposed tions, contained Date Exermination I	ed in this plays a ceed of, or I evertible so recisable ar Date //Year)	Benefit ecurit	n are not ntly valid ficially Ow ties) 7. Title and Amount of Underlying Securities	required d OMB co vned d f	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	of 10. Owners Form o Derivat Security Direct (or Indires)	11. Nathip of India Benefic Owners (Instr. 4

Reporting Owners

Donation Common Name / Addison	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fust Matthew K						
C/O ATARA BIOTHERAPEUTICS, INC.	X					
611 GATEWAY BOULEVARD, SUITE 900	Λ					
SOUTH SAN FRANCISCO, CA 94080						

Signatures

/s/ Tina Gullotta, Attorney-in-Fact for Matthew K. Fust	06/12/2017
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).
- $\textbf{(1)} \ These \ restricted \ stock \ units \ shall \ vest \ on \ June \ 8, \ 2018, \ subject \ to \ the \ Reporting \ Person's \ continuous \ service.$
- (2) The option shall vest on June 8, 2018, 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 number.