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

OMB APPROVAL OMB Number: 3235 Estimated average burden 3235-0287 hours per response.. 0.5

# 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 Responses)  1. Name and Address of Reporting Person * Berger Dietmar  (Last) (First) (Middle)  C/O ATARA BIOTHERAPEUTICS, INC., 611  GATEWAY BLVD., SUITE 900				Issuer Name and Ticker or Trading Symbol     Atara Biotherapeutics, Inc. [ATRA]     Date of Earliest Transaction (Month/Day/Year)     05/07/2018					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below) Global Head of R&D					
														v)	
(Street) 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  lired, Disposed of, or Beneficially Owned				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acquir					
1.Title of Se (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)		Date, if	3. Trans Code (Instr. 8	(A) or Disposed of		of (D) Owned Follo Transaction(s		/		Ownership Form:	Beneficial	
				(Month/D	ay/Year)	Code	V	mount	(A) or (D)	Price	Instr. 3 and 4	4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		05/07/2018			A	5	0,000	A	\$ 0 5	50,000			D	
Reminder: F											e collection ot required				474 (9-02)
			Table II - I				contain form di red, Dispo	ed in th splays a	nis form a curre or Benef	m are nently va	ot required alid OMB co	to respon	nd unless t		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, i	4. Transact	5. No ion of Deri Secu Acqu (A) o Disp	rrants, of umber vative rities nired or osed of r. 3, 4,	contain form di red, Dispo	ed in the splays a sed of, or vertible ercisable Date	or Benefice securi	ficially fic	oot required alid OMB co Owned and and of ying	to respon	9. Number of	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, i	4. Transact	5. No ion of Deri Secu Acqu (A) o Disp (D) (Inst	rrants, oumber varive rrities aired or osed of r. 3, 4, 5)	contain form di red, Dispo ptions, co 6. Date Ex Expiration	ed in the splays a sed of, or overtible ercisable Date ay/Year)	nis forma a curre or Benefe e securi	ficially fic	oot required alid OMB co Owned and at of ying ties	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indired Beneficial Ownersh (Instr. 4)

### **Reporting Owners**

Demonstration Common Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Berger Dietmar C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BLVD., SUITE 900 SOUTH SAN FRANCISCO, CA 94080			Global Head of R&D			

## **Signatures**

/s/ David Tucker, Attorney-in-Fact for Dietmar Berger	05/07/2018
**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) 25% of the shares subject to restricted stock units vest on May 7, 2019 and the remaining shares vest in equal annual installments over the following 3 years.
- (2) 25% of the shares subject to the option vest on May 7, 2019 and the remaining shares vest in equal monthly installments over the following 36 months.

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.	