## FORM 4

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

OMB APPROVAL									
OMB 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

C/O ATTARA DIOTITED APENTAGO DIG CAA						2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
						3. Date of Earliest Transaction (Month/Day/Year) 05/08/2018							X Officer (give title below) Other (specify below)  SVP, Head of Global Commercial						
		(Street)			4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)								ual or Joint/		g(Check Applic	able Line)		
SOUTH SAN FRANCISCO, CA 94080 (City) (State) (Zip)					Table I - Non-Derivative Securities Acquire								led by One Repo ed by More than		Person				
												ired Disposed of ar Reneficially Owned							
1.Title of Sec	curity		2. Tran	nsaction	2A. De								<u> </u>						
(Instr. 3)		Date (Month/Day/\)			) any	th/Day/Year)	Code (Instr. 8)			(A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	ally Owned I Transaction	y Owned Following ransaction(s)		of Indirect Beneficial		
					(Wolld						(A) or		or Indirect (Inst		Ownership (Instr. 4)				
							Coo	le	V	Amount	t (D)	Price		(Instr. 4)					
Common S	Stock		05/08/	/2018			S	)		1,544	D	\$ 40.15	12,500			D			
Reminder: Reindirectly.	eport on a s	separate line f	for each	class of se	curities b	eneficially of	owned	direct	ly o	r									
munectry.								С	ont	ained ir	n this f	orm aı	e not req	ection of ir	spond un	less	EC 1474 (9- 02)		
								tr	ne f	orm dis	splays	a curre	ently valid	d OMB co	ntrol numb	er.			
				Table II -		ive Securiti ts, calls, wa								i					
1. Title of 2.		3. Transactio		3A. Deeme	d 4	l.	5. Nun	nber (	er 6. Date Exercisable			7. 1	itle and		9. Number of Derivative Securities		11. Natu		
Derivative C Security or		Date (Month/Day/	Year) Execution I any			of Derivativ			Expiration of the Expiration o			ount of lerlying	Security	Form of		hip of Indire Benefici			
` /	Price of Derivative			(Month/Da	//Year) (	(Instr. 8)	Securities Acquired						urities str. 3 and	(Instr. 5)	Beneficially Owned	y Derivat Security	ve Ownersh : (Instr. 4)		
	Security						(A) or Disposed					4)			Following Reported	Direct (			
							of (D)	ed							Transaction(	or Indir	ect		
							(Instr. 3, 4, and 5)								(Instr. 4)	(Instr. 4	)		
							,	- /					Amount	:					
									Date		Expirati	on Title	or e Number						
						Code V	(A)	(D)	Exei	rcisable	Date		of Shares						
Report	ing O	wners																	
								Rela	atio	nships									
Reporting Owner Name / Address				Director 10% Owner Officer				er				Oth	ier						
Porter Derrell C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BOULEVARD, SUITE 900 SOUTH SAN FRANCISCO, CA 94080						SVP, Head of Global Comme						ommer	rcial						

## **Explanation of Responses:**

/s/ David Tucker, Attorney-in-Fact for Derrell Porter

\*\*Signature of Reporting Person

- \* 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 9, 2018.

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.

05/08/2018 Date

