FORM 4

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

OMB APPROVAL						
OMB 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	3)																
1. Name and Address of Reporting Person *				2. Issuer Flame and Flener of Flading Symbol								5. Re	5. Relationship of Reporting Person(s) to Issuer					
Gallagher Carol Giltner				Atara Biotherapeutics, Inc. [ATRA]							X	(Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BOULEVARD, SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 06/18/2018									r (give title belo		Other (specify l	pelow)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) X. Form filed by One Reporting Person						
SOUTH SAN FRANCISCO, CA 94080				-									Fo	Form filed by More than One Reporting Person				
(City))	(State)	(Zip)		Table I - Non-Derivative Securities Acqui							uired, l	red, Disposed of, or Beneficially Owned					
(Instr. 3) Date		. Transaction Date Month/Day/Year)	Execu any	A. Deemed xecution Date, if ny Month/Day/Year)	Code (Instr. 8)		tion	(A) or I	or Disposed of (Istr. 3, 4 and 5)		(D) Beneficially		lly Owned I Transaction	y Owned Following Transaction(s)		7. Nature of Indirect Beneficial Ownership		
				(Wolfiell/Day/Tear)		Со	de	V	Amount	(A) or (D)	Price			,			(Instr. 4)	
Common	Stock	0	6/18/2018				S	<u>1)</u>		2,100	D .	\$ 44.68 <u>(2)</u>	3 110	10,592			D	
Common	ommon Stock 06/18/2018				S	<u>1)</u>		400	D .	\$ 45.29 (<u>3)</u>	110	110,192			D			
Reminder: I	Report on a	separate line for	each class of secu	urities l	beneficia	ally (owned	direc	tly c	r								
								- 1	cont	ained i	n this f	orm a	are not	req	ection of in uired to re d OMB cor	spond un	less	EC 1474 (9- 02)
			Table II - I					•		isposed o			•	wned	ĺ			
Security	Conversion	cise (Month/Day/Year) any (Month/Day/Year) Code (Instr. 8) Derivative Securities Acquired		Aı Uı Se	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	ve Ownership (Instr. 4)								
					Code	V	(A)	(D)	Dat Exe	e rcisable	Expirati Date	Ti	Am or tle Nur of Sha					

Reporting Owners

Donation Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Gallagher Carol Giltner C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BOULEVARD, SUITE 900 SOUTH SAN FRANCISCO, CA 94080	X						

Signatures

/s/ David Tucker, Attorney-in-Fact	06/19/2018
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) Transaction pursuant to Rule 10b5-1 Plan adopted October 14, 2016.
- (2) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$44.10 to \$45.10. 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) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$45.25 to \$45.45. 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.