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

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

Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person* Newell Joe					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				
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BLVD., SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 02/06/2020						X Officer (give title below) Other (specify below) Chief Tech. Operations Officer				
(Street) SOUTH SAN FRANCISCO, CA 94080				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City		(State)	(Zip)		Т	able I - No	n-Dei	rivative S	Securities	s Acqui	red, Dist	osed of, or l	Beneficially	Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Ye	ar) Exec	2A. Deemed Execution Date, is	f Code (Instr. 8)		4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)		uired of (D)	5. Amou Benefici Reported	nt of Securities Illy Owned Following Transaction(s)		6. Ownership Form:	7. Nature of Indirect Beneficial	
				(Mont	nth/Day/Year)	Code	V	Amoun	(A) or t (D)	Price	(Instr. 3	str. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		02/06/2020			S ⁽¹⁾		4,117	D	\$ 14.21	53,881			D	
			Table I		vative Securi		red, D	isposed (of, or Ben	neficiall	•				
	2. Conversion or Exercise Price of	3. Transaction	n 3A. Deem Execution	I - Deriv (e.g.,) ed Date, if	vative Securi puts, calls, w 4. Transaction Code	ties Acquir varrants, o	red, D	sons wh tained in form dis	no respo n this for splays a of, or Ben tible secu cisable on Date	rm are currer neficiall rities) 7. Ti Amo	not req ntly valid	d OMB con	spond unle trol numbe	of 10. Ownersl Form of	11. Naturnip of Indirec Beneficia
	Derivative Security					Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Inst: 4)	r. 3 and		Owned Following Reported Transaction(s (Instr. 4)	Security Direct (I or Indirection) (s) (I) (Instr. 4)	O) ct
					Code V	(A) (D)		e rcisable	Expiratio Date	Title	Amount or Number of Shares				
Repor	ting O	wners			,										
						Rela	tions	hips							
Reporting Owner Name / Address				100/											

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Newell Joe C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BLVD., SUITE 900 SOUTH SAN FRANCISCO, CA 94080			Chief Tech. Operations Officer				

Signatures

/s/ David Tucker, Attorney-in-Fact for Joe Newell	02/10/2020
**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).
 - Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of Restricted Stock Units.
- This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person. The sale is intended to comply with the requirements of Rule 10b5-1(c)(1)(i)(B) under the Exchange Act and be interpreted to meet the requirements of Rule 10b5-1(c).

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.