FORM 4

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

OMB APPROVAL							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

(Print or Type Responses)

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

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) 03/01/2020								X Officer (give title below) Other (specify below) Chief Operations Officer						
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line)X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
SOUTH S	AN FRAN	ICISCO, CA 940	080										Forn	n filed by N	fore than One I	Reporting Person		
(City)		(State)	(Zip)			T	able I	- No	n-Deri	vative S	ecuritie	s Acqui	red, Di	isposed o	of, or Benef	ficially Own	ed	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			ate, if	(Instr. 8		(4	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Bo Owned Following Reporte Transaction(s)		ed	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
				(Month/Day/Ye		/ i eai)	Cod	le	V	Amount (A) or (D)		Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	(Instr. 4)	
Common S	Stock		03/01/2020				A			75,000 1)	A	\$ 0	128,8	881			D	
1. Title of Derivative Security (Instr. 3) 2. Conversion Date or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea			3A. Deemed Execution Date, if	(e.g., puts, calls, warrants, of 4. 5. Number of Derivative Code Securities			in a uired, optic 6. D Exp (Mo	Expiration Date of Un (Month/Day/Year) Secur			Ficially (ties) 7. Title of Und Security	d to respond unless the rol number. Owned tle and Amount derlying 8. Price of Derivative		form display 9. Number of	of 10. Owners Form o Derivat Security Direct (or Indir	Ownershi y: (Instr. 4)		
				Code	V	(A)	(D)		e ercisabl	Expira e Date	ation	Title	1	Amount or Number of Shares		(Instr. 4)	(Instr. 4	4)
Employee Stock Option (Right to Buy)	\$ 12.15	03/01/2020		A		53,000	0		(2)	02/28	8/2030	Comi	4	53,000	\$ 0	53,000	D	
Employee Stock Option (Right to Buy)	\$ 12.15	03/01/2020		A		17,000	0		(2)	02/28	8/2030	Com: Sto	l li	17,000	\$ 0	17,000	D	
D 4	0																	

Reporting Owners

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

Signatures

/s/ David Tucker, Attorney-in-Fact for Joe Newell	03/03/2020

**Signature of Reporting Person	Date	
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Explanation of Responses:

- \star 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) These restricted stock units vest in 16 equal quarterly installments on each Company Quarterly Vesting Date (as defined below), with the initial installment vesting on May 15, 2020, subject to the reporting person's continuous service. Company Quarterly Vesting Date means March 1, May 15, August 15 and November 15 of each year.
- (2) 1/48th of the shares subject to the stock option vest and become exercisable each month with the initial installment vesting on April 1, 2020, 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.