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

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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).

### 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)				
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BLVD., SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 03/27/2020						X Officer (give title below) Other (specify below)  Chief 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) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	ar) Exec	Deemed cution Date,	if Code (Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			D) Beneficially Owned For Reported Transaction(s		Collowing (s)	Form:	7. Nature of Indirect Beneficial	
			(Mo	onth/Day/Year)	Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	Instr. 3 and 4)		\ /	Ownership (Instr. 4)		
Common	Stock		03/27/2020			S <sup>(1)</sup>		2,740	D	\$ 9.17	126,141			D		
			Table II		vative Securi puts, calls, v						ly Owned					
	2. Conversion or Exercise Price of	3. Transaction	3A. Deemo	I - Deriv (e.g., ed Date, if	vative Securi puts, calls, v 4. Transaction Code	ties Acquir varrants, op 5. Number of Derivative	Pers cont the f	ons what in the constant of th	no respo n this fo splays a of, or Ber tible secu cisable on Date	neficial rrities) 7. Ti Amo Undo Secu	not requality valid by Owned tle and count of erlying urities	OMB conf	9. Number of Derivative Securities Beneficially	of 10. Ownersh Form of Derivative	11. Nature of Indirect Beneficial Ownership	
	Derivative Security					Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				(Inst	r. 3 and		Owned Following Reported Transaction(s (Instr. 4)	Security: Direct (I or Indire (S) (I) (Instr. 4)	O) ct	
					Code V	(A) (D)	Date Exer		Expiratio Date	on Title	Amount or Number of Shares					
Repor	ting O	wners			,										•	
						Relation	ships									
Reporting Owner Name / Address					10%											

## **Signatures**

Newell Joe

/s/ David Tucker, Attorney-in-Fact for Joe Newell	03/30/2020		
**Signature of Reporting Person	Date		

10%

Owner

Officer

Chief Operations Officer

Other

Director

# **Explanation of Responses:**

C/O ATARA BIOTHERAPEUTICS, INC.

611 GATEWAY BLVD., SUITE 900 SOUTH SAN FRANCISCO, CA 94080

- 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.