FORM	4
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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).

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

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SEC 1474 (9-02)

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 Type Respon	nses)		n									
1. Name and Addres Koppikar Utpal	2. Issuer Name an Atara Biotherap			<i>.</i> .		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O ATARA BI INC., 611 GATE			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2020						X_Officer (give title below) Other (specify below) Chief Financial Officer			
SOUTH SAN FF	4. If Amendment, I	Date Origin	al Fi	led(Month/I	Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		(A) or D	Disposed of (D) , 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock		03/27/2020		S <mark>(1)</mark>		1,827	D	\$ 9.17	137,330	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of		3. Transaction	3A. Deemed	4.		5.		6. Date Exer					9. Number of		11. Nature
	Conversion		Execution Date, if	Transacti	on	Num		and Expirati		Amount of Derivative		Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code		of (Month/Day/Year) U		Underlying Security		Securities	Form of	Beneficial			
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		· · · · · · · · · · · · · · · · · · ·		Securities (Instr. 5)		Beneficially	Derivative	Ownership			
	Derivative					Securities		(Instr. 3 and		Owned	Security:	(Instr. 4)			
	Security				Acquired		4)		Following	Direct (D)					
					(A) or		r						Reported	or Indirect	
				Disposed							Transaction(s)	(I)			
					of (D)							(Instr. 4)	(Instr. 4)		
					(Instr. 3,										
					4, and 5)										
											Amount	1			
								Date	Expiration		or				
								Exercisable	1	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

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

Signatures

 /s/ David Tucker, Attorney-in-Fact for Utpal Koppikar
 03/30/2020

 **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.
 (1) 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.