FORM 4	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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### 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 Responses)										
1. Name and Address of Reporting Pe Koppikar Utpal	2. Issuer Name <b>a</b> Atara Biothera			0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) C/O ATARA BIOTHERAPEU INC., 611 GATEWAY BLVD.	3. Date of Earliest 03/02/2021	Transactio	n (M	onth/Day	/Year)	X         Officer (give title below)         Other (specify below)           Chief Financial Officer				
(Street) SOUTH SAN FRANCISCO, C	4. If Amendment,	Date Origi	nal F	iled(Month/	Day/Yea	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)		Execution Date, if			n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form:	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	03/02/2021		S <mark>(1)</mark>		1,461	D	\$ 16.74 (2)	174,343	D	

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Number		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0	of (Month/Day/Year)		/Year)	Underlying		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ľ	Deriva	tive			Securities (Ins		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				S	Securities (		(Instr. 3 and			Owned	Security:	(Instr. 4)		
	Security				A	Acquired		4)	4)		0	Direct (D)			
					· ·	(A) or						1	or Indirect		
					Disposed								Transaction(s)	< / <	
					of (D)								(Instr. 4)	(Instr. 4)	
					(Instr. 3,		· · ·								
					4, and 5)		5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code V	/ (	(A)	(D)				Shares				

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	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 03/04/2021

# **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) Shares sold pursuant to a 10b5-1 arrangement to satisfy tax obligations in connection with the vesting of previously granted Restricted Stock Units.
- (2) The sale price of the reporting person's shares represents the weighted average price of all shares sold by a broker on March 2, 2021 and March 3, 2021 on behalf of a group of employees of the Issuer to satisfy the payment of withholding tax liability of such employees.

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.