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).

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)																	
Name and Address of Reporting Person * Koppikar Utpal					2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]								5	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) 03/26/2021								X Officer (give title below) Other (specify below) Chief Financial 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)					Table I - Non-Derivative Securities Acqui							cquir	ired, Disposed of, or Beneficially Owned						
(Instr. 3)			2. Transaction Date (Month/Day/Ye	Exec ar) any	-				tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D) [Beneficially Owned F Reported Transaction(Following	Form:	7. Nature of Indirec Beneficia		
				(Moi	(Month/Day/Year)			ode	V	Amoun	(A) or t (D)	Pri		(Instr. 3 and 4)		Direct (D or Indirec (I) (Instr. 4)		Ownership (Instr. 4)	
Common	Stock		03/26/2021				S	(1)		1,761	D	\$ 14.5 (2)	58	172,582	2		D		
Reminder:	Report on a s	separate line fo	or each class of so	I - Deriv	vative Se	curit	ies Ac	equire	Pers cont the f	ons what ained it form dis	no resp n this f splays	orm a cu	are or rrent	not requ		ormation spond unle rol numbe	ss	C 1474 (9-02	
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execution any	ed Date, if	4. Transactio Code Year) (Instr. 8)		5.		6. Date Exercis and Expiration (Month/Day/Y		cisable on Date	isable 7. An Date An Un Sec		le and unt of rlying rities . 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	f Benefitive Owner (Instr.	
					Code	V	(A)	(D)	Date Exe		Expirati Date	ion 7	Γitle	Amount or Number of 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	03/29/2021
**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).
- (2) The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$14.58 to \$14.61. The reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.

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.