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 Responses	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) Director X Officer (give title below) Chief Operations Officer					
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BLVD., SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 04/05/2021											
(Street)				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 Person Form filed by More than One Reporting Person					
SOUTH SAN FRANCISCO, CA 94080 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	ear) Exec	Deemed cution Date, if	3. Transaction Code (Instr. 8)		1 4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			5. Amount of Secu Beneficially Owner Reported Transact		es Following	6. Ownership Form:	Beneficial	
				(Mo	onth/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	,		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		04/05/2021			S ⁽¹⁾		655	11)	\$ 14.74	134,924	ļ.		D		
			Table l		vative Securit puts, calls, wa						y Owned					
	2. Conversion or Exercise Price of	3. Transaction	3A. Deem Execution any	(I - Deriv (e.g., ned Date, if	vative Securit	ies Acquire arrants, op 5. Number of Derivative	Pers cont the f	sons wh tained in form dis	oresponthis for splays a of, or Bentible secutions able on Date	rm are currer neficiall rities) 7. Ti Amo Unde Secu	not requestly valid y Owned tle and ount of erlying rities	OMB conf	9. Number Derivative Securities Beneficially	of 10. Owners Form of Derivati	ve Ownership	
	Derivative Security					Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Acquired A) or Disposed of (D) Instr. 3,				r. 3 and		Owned Following Reported Transaction(s (Instr. 4)	Security Direct (I or Indirect) (I) (Instr. 4)	O) ct	
					Code V	(A) (D)	Date	e rcisable	Expiratio Date	n Title	Amount or Number of Shares					
Repor	ting O	wners														
						Relation	ships									
Reporting Owner Name / Address				Director	ector 10% Officer					Other						

Chief Operations Officer

Signatures

Newell Joe

/s/ David Tucker, Attorney-in-Fact for Joe Newell	04/06/2021		
**Signature of Reporting Person	Date		

Owner

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.