## 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)															
1. Name and Address of Reporting Person * Touchon Pascal					2. Issuer Name and Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) C/O ATARA BIOTHERAPEUTICS, INC., 611 GATEWAY BLVD., SUITE 900					3. Date of Earliest Transaction (Month/Day/Year) 08/17/2021								X_Office	er (give title bele Pr	esident and (	Other (specify b	pelow)
(Street) SOUTH SAN FRANCISCO, CA 94080				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 Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Executi any	Deemed ution Date, if hth/Day/Year)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		<b>O</b> )	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership of Form:	Beneficial		
				(Month			Code	· V	V Amount (A) or (D) Pr		Prio	ce	(Instr. 3 a			Ownership (Instr. 4)	
Common	Stock		08/17/2021				S <sup>(1)</sup>		8,223	D	\$ 12.5 (2)	532	336,89	1		D	
	1 Cop 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	oparate inte	for each class of secu Table II -	Derivat	tive Secu	ritie	s Acq	Pe co th	rsons w ntained e form d Disposed	ho res in this isplays	form s a cu Benefi	are	not requ tly valid		ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of	2.	3. Transaction		`	its, calls,								do and	8. Price of	O. Niverskian	of 10.	11. Natur
	Conversion or Exercise Price of Derivative Security		Year) Execution D	4. Transaction Code Year) (Instr. 8)		on Not of D So A (A O O O O O O O O O O O O O O O O O	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		e I	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct ( or Indire	of Indirect Beneficia Ownershi (Instr. 4)
					Code	V (.	A) (		ate kercisable	Expira Date	ation	Title	Amount or Number of Shares				

#### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Touchon Pascal C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BLVD., SUITE 900 SOUTH SAN FRANCISCO, CA 94080	X		President and CEO					

### **Signatures**

/s/ Nimit Arora, Attorney-in-Fact for Pascal Touchon	08/19/2021
**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).
- (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 August 17, 2021 and August 18, 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.