## Edgar Filing: Atara Biotherapeutics, Inc. - Form 4

	rapeutics, Inc.									
Form 4	015									
January 21, 2									PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287		
if no long subject to	Check this box if no longer subject to Section 16. SECURITIES					NERSHIP OF	Expires: January 31, 2005 Estimated average burden hours per			
Form 5 obligation may cont See Instru 1(b).	Filed purs ns inue. Section 17(a	uant to Section 1 ) of the Public U 30(h) of the Ir	tility Hold	ing Com	pany	Act of	f 1935 or Sectio	response n	0.5	
(Print or Type R	Responses)									
1. Name and A Soffer Gad	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol Atara Biotherapeutics, Inc. [ATRA]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (M		3. Date of Earliest Transaction			(Check all applicable)				
701 GATEV BOULEVA		(Month/Day/Year) 01/16/2015				Director 10% Owner X Officer (give title Other (specify below) below) Chief Operating Officer				
			I. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SOUTH SA FRANCISC	N O, CA 94080							Aore than One Re		
(City)	(State) (2	Zip) Tab	le I - Non-De	erivative S	ecurit	ies Acq	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	tion Date, if Transaction(A) or Disposed of Code (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/16/2015		А	12,400	А	\$0	12,400	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 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D	. Date Exercisable and (xpiration Date Month/Day/Year) 7. Title and Amo Underlying Secu (Instr. 3 and 4)		Securities
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 25.15	01/16/2015		М	41,333	<u>(1)</u>	01/16/2022	Common Stock	41,333
Report	ting Ov	wners							

Other

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	(			
Soffer Gad 701 GATEWAY BOULEVARD SUITE 200 SOUTH SAN FRANCISCO, CA 94080			Chief Operating Officer				
Signatures							
/s/ Tina Gullotta, Attorney-in-Fact for Ga	hd						

/s/ Tina Gullo Soffer

01/21/2015

Date

<u>\*\*</u>Signature of Reporting Person

## **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) 1/48th of the shares subject to the stock option vest and become exercisable each month following January 16, 2015.

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.

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