Edgar Filing: Gallagher Carol Giltner - Form 4

Gallagher Car	rol Giltner										
Form 4											
June 18, 2018											
FORM	4									PPROVAL	
	• UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION								er: 3235-0287	
Check this box if no longer STATEMENT OF CHANCE				8 /					Expires:	January 31,	
				ANGES IN BENEFICIAL OWNERSHIP OF						2005	
	subject to Section 16. SECURITIES							Estimated average burden hours per			
Form 4 or								response 0.5			
Form 5	They pursually to Section 10(a) of the Securities Exchange Act of 1954.										
obligation may contin				•	•			f 1935 or Sectio	on		
See Instruc		30(h)	of the Inv	vestment	Compan	y Act	of 19	40			
1(b).											
(Print or Type R	(searonse										
(I mit of Type K	esponses)										
1. Name and Ad	dress of Report	ing Person *	2 Issuer	Name and	Ticker or '	Fradin	a	5. Relationship o	Reporting Person(s) to		
Gallagher Carol Giltner Symb				. Issuer Name and Ticker or Trading				Issuer			
6			-	otherapeu	utics. Inc	. [AT	'RA1				
(Last)	(First)	(Middle)		Earliest Tra		· L]	(Che	ck all applicable	e)	
(Last)	(Pilst)	(windule)	(Month/Da		ansaction			X Director	109	6 Owner	
C/O ATARA	BIOTHERA	PEUTICS		-				Officer (give		er (specify	
INC., 611 GA			00/14/20	/10				below)	below)		
BOULEVAR		00									
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
· / / ·····				ed(Month/Day/Year)				Applicable Line)			
					X Form filed by	Form filed by One Reporting Person					
SOUTH SAN	N							Form filed by I Person	More than One Ro	eporting	
FRANCISCO	O, CA 94080							1 013011			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of	2. Transaction	Date 2A. Dee	med	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y			n Date, if TransactionAcquired (A) or Code Disposed of (D)				Securities	Form: Direct		
(Instr. 3)		any								Beneficial	
		(Month/	(Instr. 8) (Instr. 3, 4 and 5)						Ownership (Instr. 4)		
								Reported	(IIIsu: 4)	(1150.4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	0.611 410.01.0				1,500			110 (02	D		
Stock	06/14/2018			А	(1)	Α	\$0	112,692	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)	Transaction of Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Non-Qualified Stock Option (Right to Buy)	\$ 45.65	06/14/2018		А	5,000	(2)	06/13/2025	Common Stock	5,00

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Reporting Owners

Reporting Owner Name / Address	Relationships						
hereing o more than e that out	Director	10% Owner	Officer	Other			
Gallagher Carol Giltner C/O ATARA BIOTHERAPEUTICS, INC. 611 GATEWAY BOULEVARD, SUITE 900 SOUTH SAN FRANCISCO, CA 94080	Х						
Signatures							
/s/ David Tucker, 06/15 Attorney-in-Fact	/2018						

**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) These restricted stock units shall vest on June 14, 2019, subject to the Reporting Person's continuous service.

Date

(2) The option shall vest on June 14, 2019, subject to the Reporting Person's continuous service.

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.