FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-01 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Lorianne Masuoka K. | 2. Date of Even Requiring State (Month/Day/Yea 11/30/2009 | ment | 3. Issuer Name and Ticker or Trading Symbol NEKTAR THERAPEUTICS [NKTR] | | | | | | | |
|--|--|--------------------|---|--|------------------------------------|---|---|--|--|--|
| (Last) (First) (Middle) C/O NEKTAR THERAPEUTICS | | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) SVP & Chief Medical Officer | | r (Mo | If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| 201 INDUSTRIAL ROAD | | | | | 6. In | | | | | |
| (Street) SAN CARLOS 94070 | | | SVI & Glici Medica | ii Omeer |) X | _ | y One Reporting Person y More than One erson | | | |
| (City) (State) (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | t (D) (Instr | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | | | | |
| Stock Option | (1) | 08/28/2016 | Common Stock | 180,000 | 3.97 | D | | | | |
| Stock Option | (1) | 02/23/2017 | Common Stock | 40,000 | 4.65 | D | | | | |
| Stock Option | (2) | 02/23/2017 | Common Stock | 60,000 | 4.65 | D | | | | |
| Stock Option | (1) | 06/16/2017 | Common Stock | 100,000 | 5.91 | D | | | | |
| Stock Option | (2) | 11/23/2017 | Common stock | 160,000 | 8.76 | D | | | | |

Explanation of Responses:

- 1. 25% of the shares subject to the stock option vest on the one year anniversary of the grant date and the remainder of the shares vest pro-rata on a monthly basis over the following three years.
- 2. The shares subject to the stock option vest pro-rata on a monthly basis over four years from the date of grant.

Gil M. Labrucherie - Attorneyin-Fact 12/04/2009

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

- * If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.