Edgar Filing: Soffer Gad - Form 4

Soffer Gad											
Form 4											
September 2	5, 2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	3235-0287		
Check th	is hox		Wa	shington,	D.C. 20	549			Number:		
if no long									Expires: January 3		
subject to		EMENT O	F CHAN			CIA	LOWN	NERSHIP OF	Estimated average		
Section 1				SECUR	ITIES				burden hours per		
Form 4 o Form 5				$(\cdot, \cdot) = f(\cdot, \cdot)$			1	A . 4 . 6 1024	response	0.5	
obligatio	n c	•					-	e Act of 1934,			
may cont	tinue. Section			•	•	• •		1935 or Section	1		
See Instru	uction	50(II)	of the In	vestment	Compan	y Aci	1 01 194	0			
1(b).											
(Print or Type I	Responses)										
1. Name and Address of Reporting Person *2. IssueSoffer GadSymbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
				1				Issuer			
			Atara B	iotherape	utics, Inc	. [A]	[RA]	(Chec)	k all applicable)	
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction					,	
			(Month/E	/Day/Year)				Director 10% Owner			
611 GATEWAY 09/22/2				2018				XOfficer (give titleOther (specify below) below)			
BOULEVA	RD, SUITE 90	00						· ·	ief Strategy Of	fficer	
(Street) 4. If Am			4. If Ame	nendment, Date Original				6. Individual or Joint/Group Filing(Check			
				ed(Month/Day/Year)				Applicable Line)			
				- · ·				_X_Form filed by One Reporting Person Form filed by More than One Reporting			
SOUTH SA	N							Person	ore than One Re	porting	
FRANCISC	CO, CA 94080										
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	ned	3. 4. Securities Acquired				5. Amount of	7. Nature of			
Security	(Month/Day/Ye	n Date, if Transaction(A) or Disposed of (D)					Securities	Ownership	Indirect		
(Instr. 3)		Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and :))	Beneficially Owned	Form: Direct (D) or	ct Beneficial Ownership		
		(WORLD)	Jay/ I Cal)	(Insu. 0)				Following	Indirect (I)	(Instr. 4)	
						(1)		Reported	(Instr. 4)		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	09/22/2018			F ⁽¹⁾	22,158	D	\$	243,966	D		
Stock	0712212010			1	22,130	D	39.85	25,700	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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Soffer Gad 611 GATEWAY BOULEVARD SUITE 900 SOUTH SAN FRANCISCO, CA 94080			EVP & Chief Strategy Officer				
Signatures							
/s/ David Tucker, Attorney-in-Fact for Ga Soffer	ad	09/25/2	2018				
** Signature of Reporting Person		Date					
Explanation of Respons	ses:						

* 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 withheld to cover tax obligation from settlement of vested restricted stock units.

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.