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

Atara Biothe Form 4 July 15, 2013 <b>FORN</b> Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	<b>14</b> UNITED States of the second seco	<b>IENT OI</b> suant to S a) of the I	Was F CHAN Section 10 Public Ut	Shington, GES IN I SECUR 6(a) of the	D.C. 20 BENEFI ITIES e Securit ling Con	549 ICIA ies E	L OW	COMMISSION NERSHIP OF e Act of 1934, E 1935 or Section 10	OMB Number: Expires: Estimated a burden hou response		
(Print or Type I	Responses)										
Haqq Christopher Symbol				er Name <b>and</b> Ticker or Trading Biotherapeutics, Inc. [ATRA]				<ol> <li>Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> </ol>			
(Last) (First) (Middle) 3. Date of (Month/Da 701 GATEWAY 07/15/20 BOULEVARD, SUITE 200				-				Director 10% Owner X Officer (give title Other (specify below) below) Chief Medical Officer			
				ndment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)		(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Aco	uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ned	3. Transactio Code (Instr. 8)	4. Securities Acquire tion(A) or Disposed of ( (Instr. 3, 4 and 5) ) (A) or		cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	07/15/2015			S <u>(1)</u>	1,700	(D) D	\$ 62.73 (2)	249,965	D		
Common Stock	07/15/2015			S <u>(1)</u>	800	D	\$ 63.39 (3)	249,165	D		
Common Stock								20,000	I	See footnote $(4)$	

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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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		
Haqq Christopher 701 GATEWAY BOULEVARD SUITE 200 SOUTH SAN FRANCISCO, CA 94080			Chief Medical Officer			
Signatures						
/s/ Tina Gullotta, Attorney-in-Fact for Chris Haqq	stopher	07/16/2015				
<u>**</u> 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) Transaction pursuant to Rule 10b5-1 Plan adopted March 11, 2015.

The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$62.22 to \$63.205. The reporting person(2) will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.

The price in Column 4 is a weighted average sale price. The prices actually received ranged from \$63.27 to \$63.56. The reporting person(3) will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.

(4) The shares are held by the Chris Haqq 2014 GRAT, of which the Reporting Person is trustee.

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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.