Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington.	$D \subset$	20540	
wasnington.	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
--

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

OMB APPROVAL						
OMB Number: 3235-0287						
Estimated average burden						
hours per response:	0.5					

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	Janus de la composition della	, puts, ca	lls, v	5. Number of	optior	ns, c Exerci	onvertibl		rities		9. Number derivative Securities	of 10. Ownership Form:	11. Nature of Indirect Beneficial
Common Stock 01/15/2		/15/2025	2025		S		8,638(1)	D	\$2.	.2 190,955		D			
					Code	v	Amount	(A) or (D)	Price	Transa	ed ction(s) 3 and 4)		(Instr. 4)		
1. Title of Security (Instr. 3) 2. Transac Date				Execution Date, Transaction				4. Securities Acquired (A Disposed Of (D) (Instr. 3,			nd Securi Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
(City)	(St		I - Non-De	rivative S	ecui	ities Acq	uired,	Disp	osed of,	or Ber	neficia	ally Own	ed		
(Street) SOUTH S	$C_{i}$	A 9	4080	4. If A	mend	ment, Date of	f Origina	I Filed	(Month/Day	//Year)	6. Lir	ie) Form	filed by On	p Filing (Check / e Reporting Pers re than One Rep	son
	ARTA, INC TERANS I	SOULEVARD													
(Last)	(Fi	/	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025					$\dashv$	belov	v) ``	below)		
1. Name and Address of Reporting Person* Shook David					2. Issuer Name and Ticker or Trading Symbol Nkarta, Inc. [ NKTX ]						heck all app	licable)	ng Person(s) to I 10% C Other		

## **Explanation of Responses:**

Security

1. Represents shares sold as required by the applicable award terms to satisfy tax withholding obligations in connection with the vesting and settlement of Restricted Stock Units and does not represent a discretionary transaction by the Reporting Person.

Date

Expiration

Chief Medical Officer, Head of Research & Development

/s/ Alicia Hager, as Attorneyin-Fact

Derivative Security (Instr. 3 and 4)

Title

Amount or Number

01/17/2025

\*\* Signature of Reporting Person

Date

Owned Following

Reported Transaction(s) (Instr. 4)

(Instr. 4)

or Indirect (I) (Instr. 4)

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

٧

Acquired (A) or Disposed of (D) (Instr. 3, 4

and 5)

(A) (D)

- \* 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).

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.