## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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

					or	Sec	uon 30(n)	or the	e investment	Com	ipany Aci	01 1940								
1. Name and Address of Reporting Person <sup>*</sup> Shook David					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Nkarta, Inc.</u> [NKTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
														rector			10% Ov			
				- <u>3.</u> C	3. Date of Earliest Transaction (Month/Day/Year)									ficer ( low)	(give title		Other (s below)	pecify		
(Last)	(F	irst)	(Middle)		07/01/2023									60		biof Mod	lical	,		
C/O NKARTA, INC.														Chief Medical Officer						
6000 SHORELINE COURT, SUITE 102				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					olicable			
(0)					-									X Fo	rm fil	led by One	e Repo	orting Perso	n	
(Street)	CAN																e thar	n One Repoi	ting	
SOUTH SAN CA 94080															Person					
FRANC	ISCO				Rule 10b5-1(c) Transaction Indication															
					-  '``	uic	1000-	T(C	) 1141130			icatioi	1							
(City)	(5	State)	(Zip)		Ιп	Che	ck this box	to inc	licate that a tr	ansact	tion was r	nade pursu	ant to a cor	tract. instr	uction	n or written i	plan th	at is intended	to	
					ΙU				e defense con											
		Tal	ble I - Noi	n-Deri	vative	e Se	ecurities	s Ac	cquired, I	Disp	osed o	of, or Be	eneficia	lly Owi	ned					
1. Title of	1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																			
Date (Month/E				h/Day/Year)		Execution Date if any (Month/Day/Yea		Code (In			ed Of (D) (li	nstr. 3, 4 a	Ben	Securities Beneficially Owned Following		(D) o	r Indirect	of Indirect Beneficial Dwnership		
												or	Trar	Reported Transaction(s)			(	(Instr. 4)		
								Code	v	Amount	t (D)	(A) or (D) Price		(Instr. 3 and 4)		1 1				
			Table II -	Doriv	otivo	Soc	uritioe	٨٥٥	wired Di	eno	cod of	or Bor	oficiall		nd .				1	
									s, options			,		y Owne	u					
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (In				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title ar of Securi Underlyir Derivative (Instr. 3 a	8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Share	s		(Instr. 4)				
Stock Option (right to buy)	\$2.19	07/01/2023			A		208,000		(1)	06/	/30/2033	Common Stock	208,00	0 \$0.0	00	208,00	00	D		

Explanation of Responses:

1. This option is scheduled to vest and become exercisable in 48 equal monthly installments occurring on the completion of each successive month of the Reporting Person's service to the Issuer following July 1, 2023.

## Remarks:

## <u>/s/ Alicia Hager, as Attorney-in-</u> <u>Fact</u> 07/05/2023

\*\* Signature of Reporting Person Date

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

\* 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.