FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vasimigton,	D.O.	200-0

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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

1. Name and Address of Reporting Person* Scheiner Zachary						2. Issuer Name and Ticker or Trading Symbol Nkarta, Inc. [NKTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O RA CAPITAL MANAGEMENT						3. Date of Earliest Transaction (Month/Day/Year) 07/09/2020									(give title		Other (s below)	pecify	
200 BERKELEY STREET, 18TH FLOOR					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	N M	A	02116										X Form	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	tate)	(Zip)																
		Tab	le I - Nor	-Deriv	/ative	e Se	curities	s Ac	quired, D	ispo	osed o	f, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transc Date (Month/L				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				Benefici Owned I	es ally Following	Form: (D) or	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code V	, ,	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
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)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date, Transaction Code (Instr					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
Code V					v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$18	07/09/2020			A		10,700		(1)	07/0	/08/2030	Common Stock	10,700	\$0.00	10,700		I	See Footnote ⁽²⁾	

Explanation of Responses:

- 1. All shares subject to the option vest 100% on the first anniversary of July 9, 2020, or, if earlier, on the day immediately preceding the first annual meeting of the Issuer's stockholders in 2021 at which one or more members of the Issuer's board of directors are to be elected. Each grant, to the extent outstanding and otherwise unvested, will become fully vest should a "change in control" of the Issuer occur (as described in the applicable award agreement) or upon the Reporting Person's separation from service with the Issuer due to the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's separation from service with the Issuer due to the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's separation from service with the Issuer due to the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's separation from service with the Issuer due to the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or "disability" (as described in the applicable award agreement) or upon the Reporting Person's death or up
- 2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund, L.P. (the "Nexus Fund") and a separately managed account (the "Account"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received from the option, which will offset advisory fees owed by the Fund, the Nexus Fund and the Account to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

Remarks:

/s/ Matthew Plunkett, Attorneyin-Fact for Zachary Scheiner

** Signature of Reporting Person

07/10/2020

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.