FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OIVIB APPROVAL								
OMB Number:	3235-0287							
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0.5

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

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 intended to satisfy the affirmative defense conditions of Rule 10b5-

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

1(c). S	ee Instruction	10.																		
Name and Address of Reporting Person* Levin Alyssa			2. Issuer Name and Ticker or Trading Symbol Nkarta, Inc. [NKTX]									Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Levin Aiyssa													Director			10% Ov				
,														_	Office below	er (give title w)		Other (s	specify	
` ′	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									See Remarks					
C/O NKARTA, INC.			01/15/2025																	
1150 VETERANS BOULEVARD																				
				4. If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable							
(Street)	CAN													Lii	Line)					
SOUTH FRANC	\sim	A 9	4080													n filed by On		•		
FRANC	SCO														Form filed by More than One Reporting Person					
(City)	(0	tate) (2	7in\																	
(City)	(5	tate) (2	Zip)																	
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Owr	ed				
1. Title of	Security (Ins	str. 3)		2. Transac										6. Ownership		7. Nature				
Date (Month/Da				y/Year)	if an			Code (Instr. 5)		Of (D) (Instr. 3,		. 3, 4 a	Benef	icially	(D) o	orm: Direct D) or Indirect	of Indirect Beneficial			
				(Month/Day/Year)		y/Year)					Reported		(I) (In		Ownership (Instr. 4)					
								Code	۱v	Amount (A		A) or D)	Price		action(s) 3 and 4)					
Common Stock 01/15/2				2025			S		5,838(1)	(1) D S		\$2	.2 102,662			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
		141									onvertib					u .				
1. Title of	2.	3. Transaction	3A. Deem	ned	4.		5. Nu	ımber	6. Date	Exerc	isable and	7. T	Title an	d	8. Price of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution Date, if any		Transa Code (Expiration Date Amount of (Month/Day/Year) Securities					Derivative Security	derivative Securities			of Indirect Beneficial		
(Instr. 3) Price of Derivative Security (Month/Day/Year)				Day/Year)	8)			Securities		-u,	· · · · ·	Und	derlyin	g	(Instr. 5)	Beneficiall Owned	ly Direct (D	Direct (D)	Ownership	
						Acquired (A) or		Derivative Security (In:					Following	Following (or Indirect (I) (Instr. 4)	(Instr. 4)				
							Disposed of (D)		3 and			nd 4)			Reported Transactio	on(s)				
					1 10			(Instr. 3, 4 and 5)								(Instr. 4)				
				ŀ	u.i.u 3)					Δm	ount									
													or							
									Expiration		Number of									
					Code	de V (A) (D)		⊨xercis	cisable Date T		Title	e Sha	ares							

Explanation of Responses:

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.

Remarks:

Chief Financial and Business Officer

/s/ Alicia Hager, as Attorneyin-Fact

01/17/2025

** Signature of Reporting Person Da

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.