FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

CIAILO	OLOU.	VI I I I I				
		Washingto	n. D.C.	20549		

	OIVID AFFROVAL										
	OMB Number:	3235-0287									
	Estimated average burd	en									
- 1	hours per response.	0.5									

OMB ADDDOMAI

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 10b5-1(c). See Instruction 10.

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

Name and Address of Reporting Person* Shook David				2. Issuer Name and Ticker or Trading Symbol Nkarta, Inc. [NKTX]								(Che	5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own Officer (give title Other (sp.			ner			
(Last)	(F ARTA, INC	First)		3. Date of Earliest Transaction (Month/Day/Year) 01/03/2025									Officer (give title below) See Remarks				poony		
		BOULEVARD																	
(Street) SOUTH SAN FRANCISCO CA 94080				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(5	State)	(Zip)																
		Та	ble I - Noı	n-Deriva	ative	e Se	curitie	s Acc	quired,	Dis	posed c	of, o	r Bene	eficially	/ Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			Code (Transaction Disposed Of (D) (Instr. 3, 4				5. Amour Securitie Beneficia Owned F Reported	s illy ollowing	Form:	Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 01/03				/2025 A 59,000 ⁽¹⁾		A	\$0	199,593(2)			D								
			Table II -	Derivat (e.g., pı											Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Date, if any		ransaction ode (Instr.		Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		•	of S Und Der	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	de V			Date Exercisab			Title	0	mount r lumber f Shares		Transaction(s) (Instr. 4)	1011(0)			

Explanation of Responses:

\$2.5

1. Represents Restricted Stock Units ("RSUs") which vest in four equal annual installments beginning on January 14, 2026. Each RSU represents a contingent right to receive one share of Common Stock of the

(3)

- 2. Includes 2,000 shares acquired under the Issuer's 2020 Employee Stock Purchase Plan on November 30, 2024.
- 3. 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 January 14, 2025

Remarks:

Stock Option

(right to

Chief Medical Officer, Head of Research & Development

01/03/2025

/s/ Alicia Hager, as Attorney-in-01/07/2025 Fact

** Signature of Reporting Person

117,500

\$0

117,500

D

Stock

01/02/2035

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).

117,500

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.