FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | _00.0 | |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| 3235-0362 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| | | | | | | | | | |

| Instructi Form 3 | ion 1(b). Holdings Repo | rted. | 2 | _ = : : : : : | OW | /NE | RSHI | P | | 1- | _ | l II | stimated ours per | den 1.0 | | | |
|---|---|---|---|---|---|-------|---|--|---|---|--|---|----------------------|---|---|---|---------------------------------------|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Excha ompany Ac | | | | | | | | |
| Name and Address of Reporting Person* CODI IN STELVE | | | 2. Issuer Name and Ticker or Trading Symbol NantKwest, Inc. NK | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| GORLIN STEVE | | | | | | | | | | | | X | Direc | tor | | 10% Owner | |
| (Last) (First) (Middle) C/O NANTKWEST, INC. | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016 | | | | | | | Year) | | Office below | er (give ti v) | title Other below | | r (specify v) |
| 3530 JOH | IN HOPKII | NS COURT | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | ال | ine) X | Form | i filed by | One Re | norting Pe | son |
| SAN DIE | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quire | ed, Di | sposed (| of, or | Benefici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Da if any (Month/Day/Year) | | Date, Transaction Code (Instr. | | | 4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5) | | | | Securitie Beneficia | | es ally | | ership n: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Month/Day/Year) | | 8) | | Amoun | t | (A) or (D) Price | | Owned at er Issuer's Fise Year (Instr. 3 4) | | Fiscal | Indir | ect (I) | Instr. 4) | |
| Common Stock | | | 10/07/2016 | | | G | | 300,000 | | D | \$0.00 | | 429,725 | | | D | |
| Common Stock | | | 10/07/2016 | | | G | | 300 |),000 | A | \$0.00 | | 521,720 | | | I | By spouse |
| | | Та | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expir | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | e and int of ities rlying ative ity (Instr. 3 | Dei | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ve es ially ng ed etion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Daniel Horwood, as Attorney-in-Fact

02/10/2016

** 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.