(Street)

(City)

CULVER CITY

CA

(State)

90232

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington, D.C. 20

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	ΙP

OMB APPROVAL OMB Number: 3235-0287 ted average burden er response: 0.5

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

See footnote⁽¹⁾

Check this box if no longer subject to

obligation	n 16. Form 4 or tions may contil ction 1(b).			Filed				(a) of the Sect				1934			ll l	per resp	ponse:	0.5
Name and Address of Reporting Person* 2. Is:					or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol NantKwest, Inc. [NK]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) C/O NANTKWEST, INC. 3530 JOHN HOPKINS COURT					3. Date of Earliest Transaction (Month/Day/Year) 10/14/2015								X Officer (give title Other (specify below) Chairman and CEO					
(Street) SAN DIEGO CA 92121					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	2)	State)	(Zip)	Deriva	tive 9	Securitie	<u>-</u>	cauired D	ienoee		of or Re	nefici	ally (Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			. Transac	tion	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transacti Code (Ins 8)	Transaction Code (Instr. 3, 4			red (A) or str. 3, 4 a	5. Amount Securities Beneficially Owned Foll Reported		y (D) or (I) (Ins		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Toble II D	o rivoti	Sc	No.uritino	A 0.0	Code V			(A) (D)			(Instr. 3 an	nd 4)			
			Table II - D (e					quirea, Dis s, options						wnea				
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	Code (Instr.		Derivative E		Expiration D	i. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		/ing	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expirati Date	ion	Title	Amour Numbe Shares	r of		Transaction(s) (Instr. 4)			
Option (right to buy)	\$15.295	10/14/2015		P		2,000,000		01/01/2016	03/31/20	016	Common Stock	2,000	,000	\$0.00	2,000	,000	I	See footnote ⁽
		Reporting Person* PATRICK																
	NTKWEST HN HOPKI	(First) , INC. NS COURT	(Middle)															
(Street) SAN DI	EGO	CA	92121															
(City)		(State)	(Zip)			4												
	Nentures	Reporting Person*																
(Last) 9922 JE	FFERSON 1	(First) BLVD.	(Middle)															
(Street)	R CITY	CA	90232															
(City)		(State)	(Zip)															
	nd Address of idge Equi	Reporting Person*																
(Last)	FFERSON 1	(First)	(Middle)															

Explanation of Responses:

1. Option held by Cambridge Equities, LP ("Cambridge Equities"). MP 13 Ventures, LLC ("MP 13 Ventures") is the general partner of Cambridge Equities and may be deemed to have beneficial ownership of the option held by Cambridge Equities. The reporting person is the sole member of MP 13 Ventures and has voting and dispositive power over the option held by Cambridge Equities.

Remarks:

/s/ Patrick Soon-Shiong and /s/
Charles Kenworthy, Manager of
MP 13 Ventures, on behalf of
itself and as General Partner of
Cambridge Equities

Date

** Signature of Reporting Person

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.