NEKTAR THERAPEUTICS Form SC 13G/A February 13, 2012

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

(Amendment No.5)*

Nektar Therapeutics (Name of Issuer)

Common Stock, \$.0001 Par Value Per Share (Title of Class of Securities)

640268108 (CUSIP Number)

December 31, 2011 (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

[] Rule 13d-1(b) [x] Rule 13d-1(c) [] Rule 13d-1(d)

(Page 1 of 20 Pages)

The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

| (1) | NAMES OF REPORTING PERSONS HealthCor Management, L.P. | | | | | | |
|--------------|--|--|------------|-----------|--|--|--|
| (2) | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions) (a) (b) | | | | | | |
| (3) | SEC USE | ONLY | | | | | |
| (4) | CITIZEN Delawar | SHIP OR PLACE OF ORGANIZATION e | | | | | |
| NUMBER OF | (5) | SOLE VOTING POWER 0 | | | | | |
| SHARES | | | | | | | |
| BENEFICIALLY | (6) | SHARED VOTING POWER 11,158,100 | | | | | |
| OWNED BY | | | | | | | |
| EACH | (7) | SOLE DISPOSITIVE POWER 0 | | | | | |
| PERSON WITH | (8) | SHARED DISPOSITIVE POWER 11,158,100 | | | | | |
| (9) | | ATE AMOUNT BENEFICIALLY OWNED H REPORTING PERSON ,100 | | | | | |
| (10) | | BOX IF THE AGGREGATE AMOUNT (9) EXCLUDES CERTAIN SHARES(see instructions) | | [] | | | |
| (11) | | T OF CLASS REPRESENTED UNT IN ROW (9) | | | | | |
| (12) | TYPE O PN | F REPORTING PERSON (see instructions) | | | | | |
| CUSIP No. 64 | 10268108 | 13G Page 3 of 20 |) Pag | es | | | |
| | | F REPORTING PERSONS or Associates, LLC | | | | | |
| (2) | CHEC | K THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions) | (a) (b) | [X] [] | | | |

| (3) | SEC USE ONLY |
|-------------|--|
| (4) | CITIZENSHIP OR PLACE OF ORGANIZATION Delaware |
| NUMBER OF | (5) SOLE VOTING POWER 0 |
| SHARES | |
| BENEFICIALL | Y (6) SHARED VOTING POWER 11,158,100 |
| OWNED BY | |
| EACH | (7) SOLE DISPOSITIVE POWER 0 |
| REPORTING | |
| PERSON WITH | <pre>(8) SHARED DISPOSITIVE POWER 11,158,100</pre> |
| (9) | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 11,158,100 |
| (10) | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES(see instructions) [] |
| (11) | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 9.75% |
| (12) | TYPE OF REPORTING PERSON (see instructions) OO - limited liability company |
| CUSIP No. 6 | 40268108 13G Page 4 of 20 Pages |
| | |
| (1) | NAMES OF REPORTING PERSONS HealthCor Offshore Master Fund, L.P. |
| (2) | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP(see instructions) (a) [X] (b) [] |
| (3) | SEC USE ONLY |
| (4) | CITIZENSHIP OR PLACE OF ORGANIZATION Cayman Islands |
| NUMBER OF | (5) SOLE VOTING POWER 0 |
| SHARES | |
| BENEFICIALL | Y (6) SHARED VOTING POWER |

| OWNED BY | - | | 7,573,734 | | | | | |
|--------------|--------------|--|--|----------|--|--|--|--|
| EACH | | (7) | SOLE DISPOSITIVE POWER 0 | | | | | |
| REPORTING | - | | | | | | | |
| PERSON WITH | | (8) | SHARED DISPOSITIVE POWER 7,573,734 | | | | | |
| (9) | BY | | ATE AMOUNT BENEFICIALLY OWNED H REPORTING PERSON 734 | | | | | |
| (10) | | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [] | | | | | | |
| (11) | BY | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 6.62% | | | | | | |
| (12) | TYI PN | РЕ О | F REPORTING PERSON (see instructions) | | | | | |
| CUSIP No. 64 | 40268 | 3108 | 13G Page 5 of 20 Pages | | | | | |
| (1) | | | F REPORTING PERSONS or Offshore GP, LLC | | | | | |
| (2) | CHE | | HE APPROPRIATE BOX IF A MEMBER OF A GROUP(see instruction (a) [X] (b) [] | ons) | | | | |
| (3) | SEC | USE | ONLY | | | | | |
| | CIT: Dela | | SHIP OR PLACE OF ORGANIZATION e | | | | | |
| NUMBER OF | | (5) | SOLE VOTING POWER 0 | | | | | |
| SHARES | - | | | | | | | |
| BENEFICIALLY | Y | (6) | SHARED VOTING POWER 7,573,734 | | | | | |
| OWNED BY | - | | | | | | | |
| EACH | | (7) | SOLE DISPOSITIVE POWER 0 | | | | | |
| REPORTING | - | | · | | | | | |
| PERSON WITH | | | SHARED DISPOSITIVE POWER 7,573,734 | | | | | |
| (9) | AG | GREG | ATE AMOUNT BENEFICIALLY OWNED | | | | | |

BY EACH REPORTING PERSON 7,573,734 _____ _____ (10) CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [] _____ (11) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 6.62% _____ (12) TYPE OF REPORTING PERSON (see instructions) 00 - limited liability company _____ _____ CUSIP No. 640268108 13G Page 6 of 20 Pages _____ NAMES OF REPORTING PERSONS (1)HealthCor Hybrid Offshore Master Fund, L.P. _____ (2) CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions) (a) [X] (b) [] _____ (3) SEC USE ONLY _____ (4) CITIZENSHIP OR PLACE OF ORGANIZATION Cayman Islands _____ NUMBER OF (5) SOLE VOTING POWER 0 SHARES _____ BENEFICIALLY (6) SHARED VOTING POWER 459**,**979 _____ OWNED BY _____ (7) SOLE DISPOSITIVE POWER EACH 0 REPORTING _____ PERSON WITH (8) SHARED DISPOSITIVE POWER 459,979 _____ (9) AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 459,979 _____ (10) CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [] _____ (11) PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 0.40% _____ _____

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|--------------|-----------|-------------|---|----------------------------|-------------------|-----------|----------------------------|-----|
| (12) | TYF PN | E O | F REPORTING PERS | ON (see in: | structions) | | | |
| | | | | | | | | |
| CUSIP No. 64 | 40268 | 108 | | 13G | Pag | e 7 of 20 | Pages | |
| (1) | | | F REPORTING PERS or Hybrid Offsho | | | | | |
| (2) | CHEC | K TI | HE APPROPRIATE B | OX IF A ME | MBER OF A GR | OUP(see i | nstruct (a) [2 (b) [| X] |
| (3) | | | ONLY | | | | | |
| | | ZEN | SHIP OR PLACE OF | ' ORGANIZAT | ION | | | |
| NUMBER OF | (| 5) | SOLE VOTING POW 0 | IER | | | | |
| SHARES | - | | | | | | | |
| BENEFICIALLY | Y (| 6) | SHARED VOTING P 459,979 | OWER | | | | |
| OWNED BY | - | | | | | | | |
| EACH | (| 7) | SOLE DISPOSITIV 0 | E POWER | | | | |
| REPORTING | - | | | | | | | |
| PERSON WITH | (| 8) | SHARED DISPOSIT 459,979 | IVE POWER | | | | |
| (9) | BY | | ATE AMOUNT BENEF H REPORTING PERS 9 | ON | | | | |
| (10) | IN | ROW | BOX IF THE AGGRE (9) EXCLUDES CE | GATE AMOUN CRTAIN SHARI | I ES (see inst | | | [] |
| (11) | PEF | CEN' AMO | I OF CLASS REPRE JNT IN ROW (9) | | | | | |
| (12) | | | F REPORTING PERS imited liability | | | | | |
| CUSIP No. 64 | 40268 | 108 | | 13G | Pag | e 8 of 20 | Pages | |
| (1) | NAMF | | F REPORTING PERS | | | | | |

HealthCor Group, LLC

| (2) | CHECK 1 | THE APPROPRIATE BOX IF A MEMBER OF A GROUP(see | instr (a) (b) | [X] | | |
|--------------|---|--|---------------------|-----|--|--|
| (3) | SEC USI | E ONLY | | | | |
| | CITIZEN Delawar | NSHIP OR PLACE OF ORGANIZATION re | | | | |
| NUMBER OF | (5) | SOLE VOTING POWER 0 | | | | |
| SHARES | | | | | | |
| | (6) | SHARED VOTING POWER 11,158,100 | | | | |
| OWNED BY | | | | | | |
| EACH | (7) | SOLE DISPOSITIVE POWER 0 | | | | |
| REPORTING | | | | | | |
| PERSON WITH | (8) | SHARED DISPOSITIVE POWER 11,158,100 | | | | |
| (9) | | GATE AMOUNT BENEFICIALLY OWNED CH REPORTING PERSON 8,100 | | | | |
| (10) | | BOX IF THE AGGREGATE AMOUNT W (9) EXCLUDES CERTAIN SHARES (see instructions | 3) | [] | | |
| (11) | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 9.75% | | | | | |
| (12) | | DF REPORTING PERSON (see instructions) limited liability company | | | | |
| | | | | | | |
| CUSIP No. 64 | 0268108 | 8 13G Page 9 of 2 | 20 Pag | es | | |
| () | - | OF REPORTING PERSONS Cor Capital, L.P. | | | | |
| (2) | CHECK 1 | THE APPROPRIATE BOX IF A MEMBER OF A GROUP(see | instr (a) (b) | [X] | | |
| (3) | SEC USI | E ONLY | | | | |
| (4) | CITIZEN | NSHIP OR PLACE OF ORGANIZATION | | | | |

| | Dela | awar | e | | | | | |
|--------------|---|---|--|--------|-----|------|--|--|
| NUMBER OF | | (5) | SOLE VOTING POWER 0 | | | | | |
| SHARES | - | | | | | | | |
| BENEFICIALLY | | (6) | SHARED VOTING POWER | | | | | |
| OWNED BY | - | | 2,974,387 | | | | | |
| EACH | | (7) | SOLE DISPOSITIVE POWER | | | | | |
| REPORTING | - | | 0 | | | | | |
| PERSON WITH | | | SHARED DISPOSITIVE POWER 2,974,387 | | | | | |
| (9) | BY | | ATE AMOUNT BENEFICIALLY OWNED H REPORTING PERSON 387 | | | | | |
| (10) | | | BOX IF THE AGGREGATE AMOUNT (9) EXCLUDES CERTAIN SHARES (see instructions | 3) | | [] | | |
| (11) | ΒY | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 2.60% | | | | | | |
| (12) | TYP PN | ?Е С | F REPORTING PERSON (see instructions) | | | | | |
| CUSIP No. 64 | 0268 | 3108 | 13G Page 10 of | 20 Pag | les | | | |
| | | | F REPORTING PERSONS or, L.P. | | | | | |
| (2) | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP(see instruction) (a) (b) | | | | | ons) | | |
| (3) | SEC | USE | ONLY | | | | | |
| | CIT: Dela | | SHIP OR PLACE OF ORGANIZATION e | | | | | |
| NUMBER OF | | (5) | SOLE VOTING POWER 0 | | | | | |
| SHARES | - | | | | | | | |
| BENEFICIALLY | | (6) | SHARED VOTING POWER | | | | | |
| OWNED BY | - | | 2,974,387 | | | | | |

| EACH | (7) SOLE DISPOSITIVE POWER 0 | |
|--------------------------|---|---|
| REPORTING | | |
| PERSON WITH | <pre>(8) SHARED DISPOSITIVE POWER 2,974,387</pre> | |
| (9) | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 2,974,387 | |
| (10) | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see in | structions) [] |
| (11) | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 2.60% | |
| (12) | TYPE OF REPORTING PERSON (see instructions PN |) |
| | | |
| CUSIP No. 64 | 40268108 13G P. | age 11 of 20 Pages |
| | NAMES OF REPORTING PERSONS Arthur Cohen | |
| (2) | CHECK THE APPROPRIATE BOX IF A MEMBER OF A | GROUP(see instructions (a) [X] (b) [] |
| (3) | SEC USE ONLY | |
| (4) | CITIZENSHIP OR PLACE OF ORGANIZATION United States | |
| NUMBER OF | (5) SOLE VOTING POWER 0 | |
| SHARES | | |
| BENEFICIALLY OWNED BY | Y (6) SHARED VOTING POWER 11,158,100 | |
| EACH | (7) SOLE DISPOSITIVE POWER 0 | |
| REPORTING | | |
| PERSON WITH | <pre>(8) SHARED DISPOSITIVE POWER 11,158,100</pre> | |
| (9) | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 11,158,100 | |
| (10) | CHECK BOX IF THE AGGREGATE AMOUNT | |

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|------------------------------------|---|--|--|--|--|--|--|
| | IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [] | | | | | | |
| (11) | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 9.75% | | | | | | |
| (12) | TYPE OF REPORTING PERSON (see instructions) IN | | | | | | |
| | | | | | | | |
| CUSIP No. 64 | 0268108 13G Page 12 of 20 Pages | | | | | | |
| () | NAMES OF REPORTING PERSONS Joseph Healey | | | | | | |
| (2) | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP(see instructions) (a) [X] (b) [] | | | | | | |
| (3) | SEC USE ONLY | | | | | | |
| | CITIZENSHIP OR PLACE OF ORGANIZATION Jnited States | | | | | | |
| | (5) SOLE VOTING POWER 0 | | | | | | |
| SHARES BENEFICIALLY OWNED BY | <pre>(6) SHARED VOTING POWER 11,158,100</pre> | | | | | | |
| EACH | (7) SOLE DISPOSITIVE POWER 0 | | | | | | |
| REPORTING PERSON WITH | <pre>(8) SHARED DISPOSITIVE POWER 11,158,100</pre> | | | | | | |
| (9) | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 11,158,100 | | | | | | |
| (10) | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [] | | | | | | |
| (11) | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 9.75% | | | | | | |
| (12) | TYPE OF REPORTING PERSON (see instructions) IN | | | | | | |

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| CUSIP No. 64 | 10268108 | | 13G | | Page 13 of | 20 Pages |
| (1) | | F REPORTING or Long Off | PERSONS shore Master 1 | Fund, L.P. | | |
| (2) | СНЕСК І | HE APPROPRI | ATE BOX IF A 1 | MEMBER OF | A GROUP(see | instructions) (a) [X] (b) [] |
| (3) | SEC USE | ONLY | | | | |
| (4) | CITIZEN Delawar | | CE OF ORGANIZ | ATION | | |
| NUMBER OF | (5) | SOLE VOTIN 0 | IG POWER | | | |
| SHARES | | | | | | |
| BENEFICIALLY OWNED BY | 2 (6) | SHARED VOT 150,000 | ING POWER | | | |
| EACH | (7) | SOLE DISPO 0 | SITIVE POWER | | | |
| REPORTING | | | | | | |
| PERSON WITH | (8) | SHARED DIS 150,000 | POSITIVE POWER | 2 | | |
| (9) | | H REPORTING | BENEFICIALLY (PERSON | DWNED | | |
| (10) | | | AGGREGATE AMOU ES CERTAIN SHA | | instructions | 5) [] |
| (11) | | T OF CLASS WNT IN ROW | REPRESENTED (9) | | | |
| (12) | TYPE C PN | F REPORTING | PERSON (see : | | | |
| CUSIP No. 64 | 40268108 | | 13G | | Page 14 of | 20 Pages |
| (1) | | F REPORTING or Long Mas | PERSONS ter GP, LLC | | | |
| (2) | CHECK I | HE APPROPRI | ATE BOX IF A N | 1EMBER OF | A GROUP (see | instructions) (a) [X] (b) [] |

| (3) | SEC U | SEC USE ONLY | | | | | |
|--------------|--|--|--|--|--|--|--|
| (4) | | CITIZENSHIP OR PLACE OF ORGANIZATION Delaware | | | | | |
| NUMBER OF | |) SOLE VOTING POWER | | | | | |
| SHARES | | 0 | | | | | |
| BENEFICIALLY | 2 (6 | 5) SHARED VOTING POWER 150,000 | | | | | |
| OWNED BY | | | | | | | |
| EACH | (7 |) SOLE DISPOSITIVE POWER 0 | | | | | |
| REPORTING | | | | | | | |
| PERSON WITH | (8 | <pre>Shared Dispositive Power 150,000</pre> | | | | | |
| (9) | | REGATE AMOUNT BENEFICIALLY OWNED CACH REPORTING PERSON | | | | | |
| (10) | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [| | | | | | |
| (11) | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 0.13% | | | | | | |
| (12) | TYPE OF REPORTING PERSON (see instructions) OO – limited company | | | | | | |
| CUSIP No. 64 | 102681 | .08 13G Page 15 of 20 Pages | | | | | |
| Item 1(a). | | Name of Issuer: Nektar Therapeutics | | | | | |
| Item 1(b). | | Address of Issuer's Principal Executive Offices: 455 Mission Bay Boulevard South, San Francisco, CA 94158 | | | | | |
| Item 2(a, b, | c). | Name of Person Filing: | | | | | |
| | | (i) HealthCor Management, L.P., a Delaware limited partnership, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019; | | | | | |
| | | (ii) HealthCor Associates, LLC, a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019; | | | | | |
| | | (iii) HealthCor Offshore Master Fund, L.P., a Cayman Islands limited partnership, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019; | | | | | |
| | | (iv) HealthCor Offshore GP, LLC, a Delaware limited liability | | | | | |

company, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019;

(v) HealthCor Hybrid Offshore Master Fund, L.P., a Cayman Islands limited partnership, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019;

(vi) HealthCor Hybrid Offshore GP, LLC, a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019;

(vii) HealthCor Group, LLC, a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019;

(viii) HealthCor Capital, L.P., a Delaware limited partnership, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019;

(ix) HealthCor, L.P., a Delaware limited partnership, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019;

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(x) Joseph Healey, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019;

(xi) Arthur Cohen, 12 South Main Street, #203 Norwalk, Ct 06854;

(xii) HealthCor Long Offshore Master Fund, L.P., a Cayman Islands limited partnership, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019; and

(xiii) HealthCor Long Master GP, LLC., a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 43rd Floor, New York, New York 10019.

Both Mr. Healey and Mr. Cohen are United States citizens.

The persons at (i) through (xiii) above are collectively referred to herein as the "Reporting Persons".

- Item 2(d). Title of Class of Securities: Common Stock, \$.0001 Par Value
 Per Share(the "Common Stock")
- Item 2(e). CUSIP Number: 640268108
- Item 3. Not applicable.
- Item 4. Ownership.

The information required by Items 4(a) - (c) is set forth in Rows 5 - 11 of the cover page for each Reporting Person hereto and is incorporated herein by reference for each such Reporting Person.

Collectively, HealthCor, L.P., HealthCor Offshore Master Fund, L.P., HealthCor Hybrid Offshore Master Fund, L.P., and

HealthCor Long Offshore Master Fund, L.P. (each a "Fund" and together, the "Funds") are the beneficial owners of a total of 11,158,100 shares of the Common Stock of the Issuer.

HealthCor Offshore GP, LLC is the general partner of HealthCor Offshore Master Fund, L.P. Accordingly, HealthCor Offshore GP, LLC may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Offshore Master Fund, L.P. HealthCor Group, LLC is the general partner of HealthCor Offshore GP, LLC and, therefore, may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Offshore Master Fund, L.P.

HealthCor Hybrid Offshore GP, LLC is the general partner of HealthCor Hybrid Offshore Master Fund, L.P. Accordingly, HealthCor Hybrid Offshore GP, LLC may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Hybrid Offshore Master Fund, L.P. HealthCor Group, LLC is the general partner of HealthCor Hybrid Offshore GP, LLC and, therefore, may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Hybrid Offshore Master Fund, L.P.

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HealthCor Long Master GP, LLC is the general partner of HealthCor Long Offshore Master Fund, L.P. Accordingly, HealthCor Long Master GP, LLC may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Long Offshore Master Fund, L.P. HealthCor Group, LLC is the general partner of HealthCor Long Master GP, LLC and, therefore, may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Long Offshore Master Fund, L.P.

By virtue of its position as the investment manager of the Funds, HealthCor Management, L.P. may be deemed a beneficial owner of all the shares of Common Stock owned by the Funds. HealthCor Associates, LLC is the general partner of HealthCor Management, L.P. and thus may also be deemed to beneficially own the shares of Common Stock that are beneficially owned by the Funds.

HealthCor Group LLC is the general partner of HealthCor Capital, L.P., which is in turn the general partner of HealthCor, L.P. Accordingly, each of HealthCor Capital L.P. and HealthCor Group, LLC may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor, L.P.

As the Managers of HealthCor Associates, LLC, Arthur Cohen and Joseph Healey exercise both voting and investment power with respect to the shares of Common Stock reported herein, and therefore each may be deemed a beneficial owner of such Common Stock.

Each of the Reporting Persons hereby disclaims any beneficial ownership of any such shares of Common Stock in excess of their actual pecuniary interest therein.

Item 5. Ownership of Five Percent or Less of a Class:

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following [].

- Item 6. Ownership of More than Five Percent on Behalf of Another Person. Not Applicable
- Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on by the Parent Holding Company. Not Applicable
- Item 8. Identification and Classification of Members of the Group. See Exhibit I.

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- Item 9. Notice of Dissolution of Group. Not Applicable
- Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

Exhibits:

Exhibit I: Joint Acquisition Statement, dated as of February 9, 2012.

CUSIP No. 640268108

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SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

DATED: February 9, 2012

HEALTHCOR MANAGEMENT, L.P.

By: HealthCor Associates, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

HEALTHCOR CAPITAL, L.P., for itself and as general partner on behalf of HEALTHCOR L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

<code>HEALTHCOR OFFSHORE GP, LLC, for itself and as general partner of behalf of <code>HEALTHCOR OFFSHORE MASTER FUND, L.P.</code></code>

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin

Title: General Counsel

HEALTHCOR HYBRID OFFSHORE GP, LLC, for itself and as general partner of behalf of HEALTHCOR HYBRID OFFSHORE MASTER FUND, L.P. $\,$

By: HealthCor Group, LLC, its general partner

CUSIP No. 640268108

13G

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<code>HEALTHCOR LONG MASTER GP, LLC, for itself and as general partner of behalf of <code>HEALTHCOR LONG OFFSHORE MASTER FUND, L.P.</code></code>

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin

Title: General Counsel

HEALTHCOR ASSOCIATES, LLC

By: /s/ John H. Coghlin Name: John H. Coghlin Title: General Counsel

HEALTHCOR GROUP, LLC

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

JOSEPH HEALEY, Individually

/s/ Joseph Healey

ARTHUR COHEN, Individually

/s/ Arthur Cohen

EXHIBIT 1

JOINT ACQUISITION STATEMENT PURSUANT TO RULE 13d-1(k)

The undersigned acknowledge and agree that the foregoing statement on Schedule 13G is filed on behalf of each of the undersigned and that all subsequent amendments to this statement on Schedule 13G shall be filed on behalf of each of the undersigned without the necessity of filing additional joint acquisition statements. The undersigned acknowledge that each shall be responsible for the completeness and accuracy of the information concerning the others, except to the extent that he or it knows or has reason to believe that such information is inaccurate.

Dated: February 9, 2012

HEALTHCOR MANAGEMENT, L.P.

By: HealthCor Associates, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

HEALTHCOR CAPITAL, L.P., for itself and as general partner on behalf of HEALTHCOR L.P. $% \left[{\left({{{\mathbf{r}}_{\mathrm{s}}} \right)_{\mathrm{s}}} \right]$

By: HealthCor Group, LLC, its general partner

HEALTHCOR OFFSHORE GP, LLC, for itself and as general partner of behalf of HEALTHCOR OFFSHORE MASTER FUND, L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

HEALTHCOR HYBRID OFFSHORE GP, LLC, for itself and as general partner of behalf of HEALTHCOR HYBRID OFFSHORE MASTER FUND, L.P. $\,$

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

HEALTHCOR LONG MASTER GP, LLC, for itself and as general partner of behalf of HEALTHCOR LONG OFFSHORE MASTER FUND, L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

HEALTHCOR ASSOCIATES, LLC

By: /s/ John H. Coghlin Name: John H. Coghlin Title: General Counsel

HEALTHCOR GROUP, LLC

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

JOSEPH HEALEY, Individually

/s/ Joseph Healey

ARTHUR COHEN, Individually

/s/ Arthur Cohen