UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 6-K

REPORT OF FOREIGN PRIVATE ISSUER
PURSUANT TO RULE 13a-16 OR 15d-16
OF THE SECURITIES EXCHANGE ACT OF 1934

For the Month of September, 2015

Commission File Number: 001-37368

ADAPTIMMUNE THERAPEUTICS PLC

(Translation of registrant's name into English)

101 Park Drive, Milton Park
Abingdon, Oxfordshire OX14 4RY
United Kingdom
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(1):

Yes ☐ No ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101(b)(7):

Yes ☐ No ☐

Other Events

On September 14, 2015, Adaptimmune Therapeutics plc (the "Company") issued a press release announcing that on September 17, 2015, James Noble, the Company's Chief Executive Officer, will be presenting at the 2015 Morgan Stanley Global Healthcare Conference and Dr. Helen Tayton-Martin, the Company's Chief Operating Officer, will be presenting at the 2015 Bank of America Merrill Lynch Global Healthcare Conference. The press release is attached as Exhibit 99.1 and the presentation to be given at the 2015 Morgan Stanley Global Healthcare Conference is attached as Exhibit 99.2 and both exhibits are incorporated by reference herein. A shortened version of Exhibit 99.2 will be presented at the 2015 Bank of America Merrill Lynch Global Healthcare Conference.

Exhibits

99.1 Press release dated September 14, 2015

99.2 Presentation materials dated September 2015

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Adaptimmune Therapeutics plc

By: /s/ Margaret Henry
Name: Margaret Henry
Title: Corporate Secretary

Exhibit 99.1

Adaptimmune to Participate in Two Upcoming Investor Conferences

PHILADELPHIA, Pa. and OXFORD, UK., September 14, 2015 — Adaptimmune Therapeutics plc (Nasdaq: ADAP), ("Adaptimmune" or the "Company"), a clinical stage biopharmaceutical company focused on the use of T-cell therapy to treat cancer, today announced participation in the following two investor conferences:

James Noble, Chief Executive Officer of Adaptimmune, will present at the 2015 Morgan Stanley Global Healthcare Conference at 4:05 PM ET (9:05 PM BST) on Thursday, September 17, 2015. The conference is being held at the Grand Hyatt New York in New York City.

Dr. Helen Tayton-Martin, Chief Operating Officer of Adaptimmune, will present at the 2015 Bank of America Merrill Lynch Global Healthcare Conference at 9:00 AM BST (4:00 AM ET) on Thursday September 17, 2015. The conference is being held at the Bank of America Merrill Lynch Financial Centre in London, UK.

Adaptimmune's presentations will be webcast live for investors through the investor section of www.adaptimmune.com and available for a period of 30 days following the conference.

About Adaptimmune

Adaptimmune is a clinical stage biopharmaceutical company focused on novel cancer immunotherapy products based on its T-cell receptor platform. Established in 2008, the Company aims to utilize the body's own machinery — the T-cell — to target and destroy cancer cells by using engineered, increased affinity T-cell receptors (TCRs) as a means of strengthening natural patient T-cell responses. Adaptimmune's lead program is an affinity enhanced TCR therapeutic targeting the NY-ESO cancer antigen. Its NY-ESO TCR therapeutic candidate has demonstrated signs of efficacy and tolerability in Phase 1/2 trials in solid tumors and in hematologic cancer types. In June 2014, Adaptimmune announced that it had entered into a strategic collaboration and licensing agreement with GlaxoSmithKline (GSK) for the development and commercialization of the NY-ESO TCR program in partnership with GSK. In addition, Adaptimmune has a number of proprietary programs and its next TCR therapeutic candidate, directed at MAGE A-10, is scheduled to enter the clinic in 2015. The Company has identified over 30 intracellular target peptides preferentially expressed in cancer cells and is currently progressing eight of these through unpartnered research programs. Adaptimmune has over 150 employees and is located in Oxfordshire, UK and Philadelphia, USA. For more information: http://www.adaptimmune.com

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Exhibit 99.2

Adaptimmune

Engineered TCR T cell therapy

Presentation Materials
September 2015

Adaptimmune
TRANSFORMING T CELL THERAPY

Disclaimer

This presentation contains "forward-looking statements," as that term is defined under the Private Securities Litigation Reform Act of 1995 (PSLRA), which statements may be identified by words such as "believe," "may", "will," "estimate," "continue," "anticipate," "intend," "expect" and other words of similar meaning. These forward-looking statements involve certain risks and uncertainties. Such risks and uncertainties could cause our actual results to differ materially from those indicated by such forward-looking statements, and include, without limitation: the success, cost and timing of our product development activities and clinical trials; our ability to submit an IND and successfully advance our technology platform to improve the safety and effectiveness of our existing TCR therapeutic candidates; the rate and degree of market acceptance of T-cell therapy generally and of our TCR therapeutic candidates; government regulation and approval, including, but not limited to, the expected regulatory approval timelines for TCR therapeutic candidates; and our ability to protect our proprietary technology and enforce our intellectual property rights; amongst others. For a further description of the risks and uncertainties that could cause our actual results to differ materially from those expressed in these forward-looking statements, as well as risks relating to our business in general, we refer you to our final Prospectus filed with the Securities and Exchange Commission on May 7, 2015.

We urge you to consider these factors carefully in evaluating the forward-looking statements herein and are cautioned not to place undue reliance on such forward-looking statements, which are qualified in their entirety by this cautionary statement. The forward-looking statements contained in this presentation speak only as of the date the statements were made and we do not undertake any obligation to update such forward-looking statements to reflect subsequent events or circumstances. We intend that all forward-looking statements be subject to the safe-harbor provisions of the PSLRA.

Investment Highlights

- Focused on engineered T cell receptors (TCR) for autologous T cell therapeutics to treat cancer
- Lead clinical candidate, NY-ESO T-cell therapeutic, is in multiple human studies and has shown efficacy in solid tumours and haematologic cancer types
  - Synovial sarcoma – 6 responses seen in first 10 patients (1 CR, 5 PRs)
  - Multiple myeloma in ASCT setting – 59% nCR/CR rate
- IND for next TCR programme approved, patients enrolling late 2015 (MAGE A10)
- Strategic collaboration with GSK - up to $350mm in milestones over 7 years, initially focused on NY-ESO
- NASDAQ Listing (ADAP)
  - 70.8 million ADSs outstanding (1 ADS : 6 Shares)
  - Post-IPO Cash ~ $300 million

TCR Platform built up over 15 years

1999-2006
Avidex formed on basis of TCR technology from Oxford University
Acquired by Medigene (2006)

2008
Adaptimmune formed as a virtual company with UPenn collaboration

2011-2014
Adaptimmune establishes R&D infrastructure and delivers promising clinical data

2014
Strategic collaboration with GSK + $104m Series A Funding Round

2015
IPO on Nasdaq (ADAP)
Net proceeds ~$176m

PHILADELPHIA
(~35 FTEs)

OXFORD
(~128 FTEs)

Experienced Management Team and Board

Executive Management

Name:	Title:	Experience:
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
Helen Tayton-Martin, PhD MBA	COO & Co-Founder	MediGene, PASTEUR, MERIEUX, Avidex, SANDOZ
Adrian Rawcliffe	CFO	gsk, SR-one
Rafael Amado, MD	CMO	gsk, AMGEN, Ucla
Gwen Binder-Scholl, PhD	EVP, Adaptimmune LLC	VIRxSYS, Penn

Board of Directors

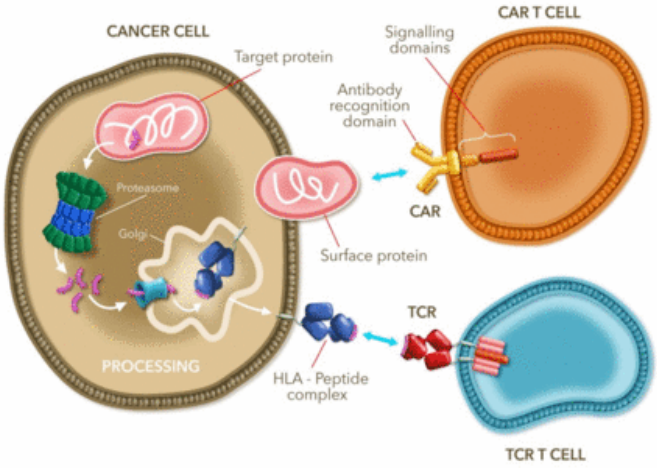
Name:	Affiliation:	Experience:
Jonathan Knowles, PhD, Chairman	Independent	Roche, GlaxoWellcome
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
David Mott	NEA	MedImmune, PROSENSA, Epizyme
Ali Behbahani, MD	NEA	nevro
Peter Thompson, MD	OrbiMed	TRUBION, CLEAVE BIOSCIENCES
Elliott Sigal, PhD	NEA	Bristol-Myers Squibb
Ian Laing	Independent	OXAGEN, IMMUNOCORE
Larry Alleva	Independent	PRICEWATERHOUSECOOPERS

Institutional Investors

NEA, OrbiMed, WELLINGTON MANAGEMENT, Fidelity, FORESITE CAPITAL, RIDGEBACK CAPITAL MANAGEMENT, novo, QVT Financial LP, ROCK SPRINGS CAPITAL, venBio, MERLIN NEXUS

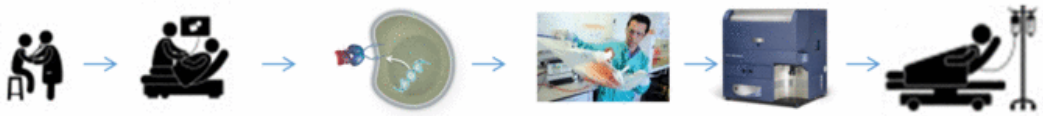
TCRs recognise intracellular cancer antigens

- The TCR is the natural mechanism for T cells to distinguish a diseased cell from a healthy cell
- All proteins, including intracellular ones, are processed and presented as HLA-peptide complexes which are recognized by TCRs
- Many cancer targets are intracellular – TCR therapeutics can access these targets



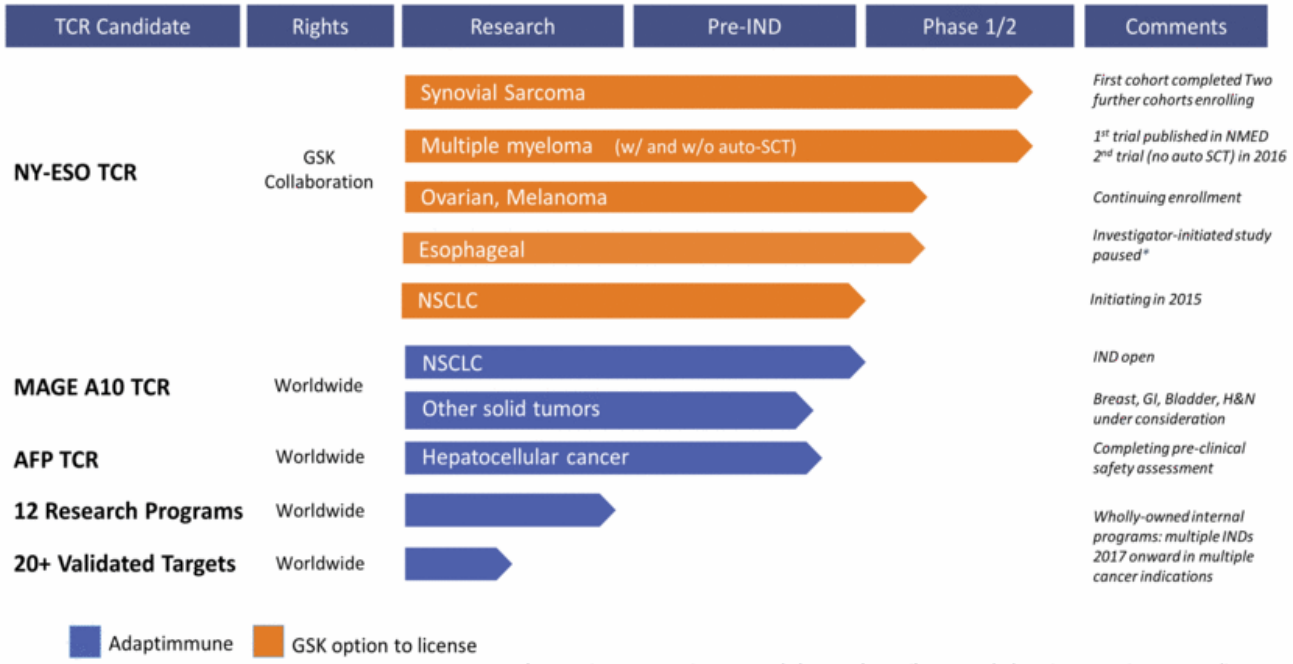
Autologous T cell therapy

- Blood is taken from a patient, including cells from the immune system
- Adaptimmune modifies cells from the immune system with enhanced T cell receptors (TCRs)
- The cells are grown and re-infused to the patient
- The engineered cells then find and destroy cancer cells



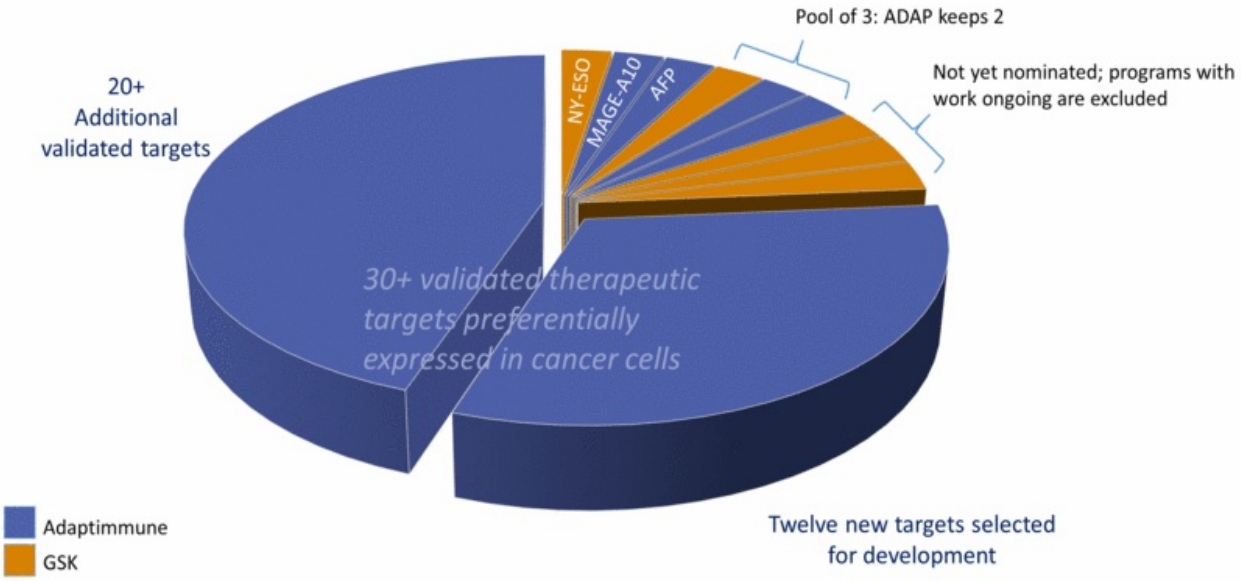
Patient Screening → Patient Apheresis → GMP T Cell Engineering → GMP T Cell Expansion → Release Testing → Patient Infusion

ADAP Pipeline: Robust Pipeline of T-Cell Receptors



* *Investigators carrying out study have voluntarily suspended patient recruitment pending investigation of a patient death occurring 46 days after T-cell infusion.*

Large un-partnered pipeline with ability to target almost all major tumors



Key 2015/2016 Milestones
YTD and Anticipated

2015

☑	Q1 2015	Additions to Adaptimmune senior leadership team
☑	April 2015	AACR presented full cohort data for NY-ESO in Sarcoma and MM
☑	May 2015	IPO raises $176m net proceeds
☑	Q2 2015	Filing and acceptance of IND for Phase 1/2 studies for MAGE A-10
☑	Q3 2015	Publication of *Nature Medicine* paper
☑	Q3 2015	Initiation of further NY-ESO cohorts in sarcoma
❑	2H 2015	NSCLC study to open with NY-ESO
❑	2H 2015	Initiation of Phase 1/2 studies for MAGE A-10

2016

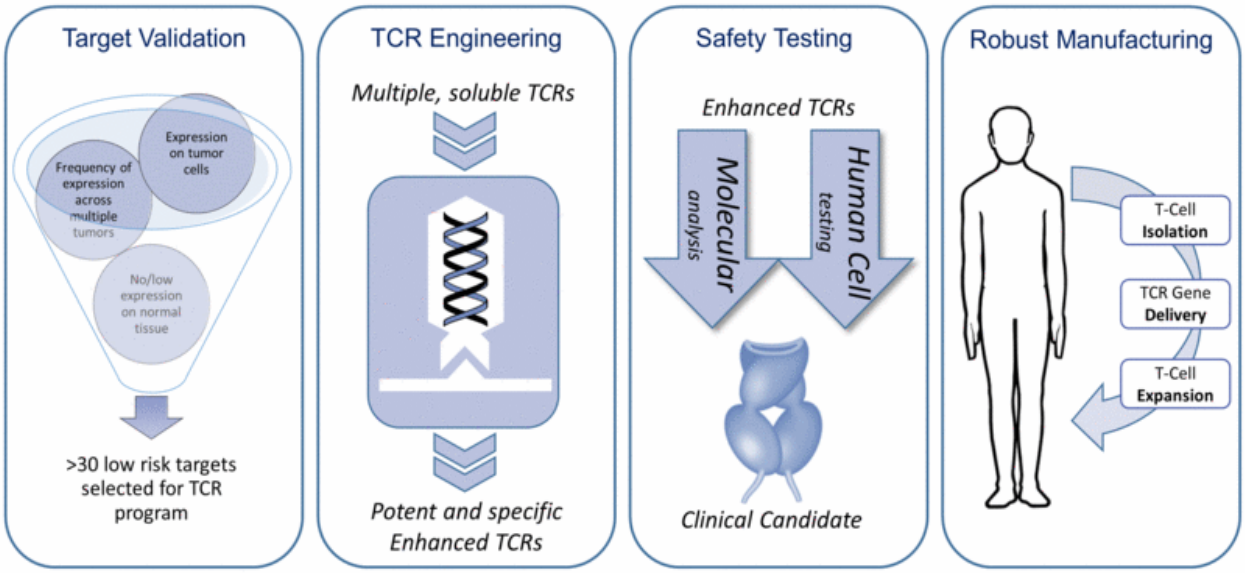
❑	2016	Additional Phase 1/2 data from NY-ESO clinical studies in: • Sarcoma • Ovarian • Lung • Melanoma • Myeloma
❑	2016	Initiation of AFP in hepatocellular cancer
❑	2H 2016	First data on MAGE A10 studies
❑	2016 +	INDs for multiple additional TCR therapeutic candidates

Platform and Differentiation

Adaptimmune
TRANSFORMING T CELL THERAPY

Adaptimmune: The Leader in TCR T-cell Therapy

Proprietary Technology



Integrated TCR Discovery and Development Platform

- Enables ADAP to identify real cancer targets and to engineer and develop T-cell therapeutics against those targets
- Protected by a combination of patents and know-how
- Highly differentiated among peers

NY-ESO in Synovial Sarcoma

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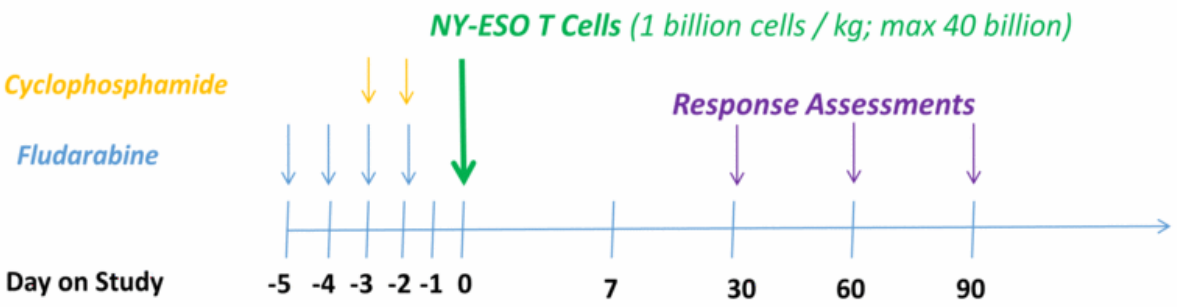
Synovial Sarcoma

- Develops from soft tissues such as muscle, or deep skin tissues
- Generally incurable - 75% to 80% of patients do not survive past two to three years
- First line therapy - radiotherapy and chemotherapy, surgical resection where possible
- FDA granted approval for marketing of Votrient® (pazopanib hydrochloride) for treatment of soft tissue sarcoma in patients who had received prior chemotherapy (2012)
  - Progression-free survival for synovial sarcoma patients was 4.1 months (placebo = 0.9 months)
  - Across all soft tissue sarcomas, 11 partial responses, 0 complete responses

ADAP Phase I/II Study in Synovial Sarcoma

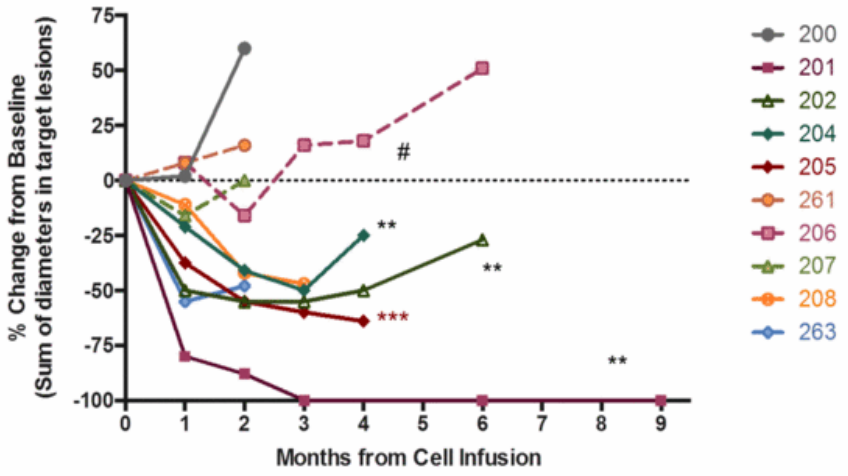


- Multicenter pilot study in 11 patients
- Objectives include
  - Determine the response rate following NY-ESO-1 Specific T cells
  - Persistence and expansion of engineered T-cells and correlate this with clinical response
- Patients conditioned with high-dose fludarabine and cyclophosphamide followed two days later by NY-ESO T-cell infusion

Synovial Sarcoma : Encouraging Response Rate, Tolerability and Persistence

- Of the first 10 patients, six responded: only T-cell technology to show clinical anti-tumor response in a solid tumor
  - One complete response, four partial responses, one response at one month
  - Two non responders potentially under-dosed
- Generally well tolerated
  - Fever and cytokine release common in week following infusion (Grade 1 to 3, none with CNS)
- Evidence of pseudo-progression and gradual reductions in tumor burden with evidence of NY-ESO TCR+ T-cells in resected tumor
- Expansion of T-cells and ongoing responses occurred without high dose IL-2 administration
- Persistence of engineered T-cells out to one year following cell infusion

Synovial Sarcoma : Reduction in tumour volume



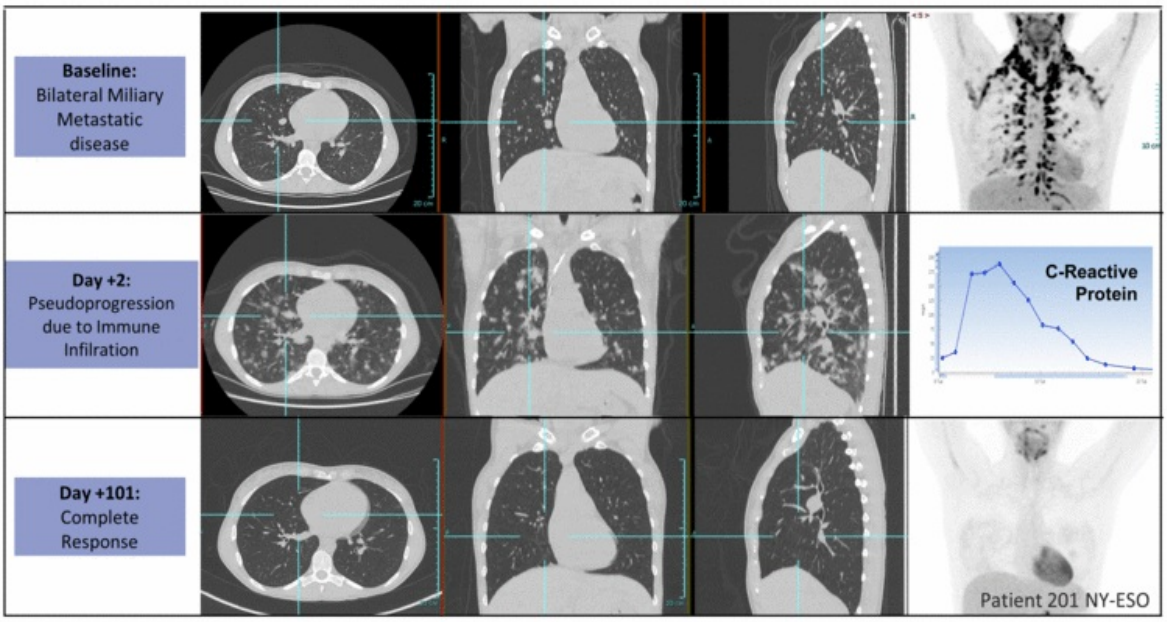
***Surgical resection of primary but still with PR of lung lesions

** Progression of disease from nadir or CR → resection of NY-ESO+ lung mets

Low cell dose, late cytokine release syndrome with tumor infiltrating NY-ESO-1+ cells, tumor progression

ADAP Phase I/II Study in Synovial Sarcoma

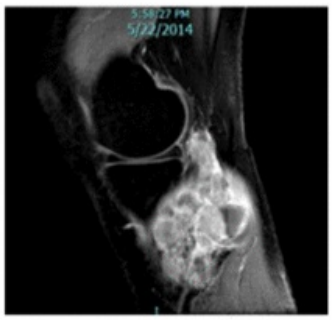
Radiographic Pseudoprogression and Response of Lung Metastases



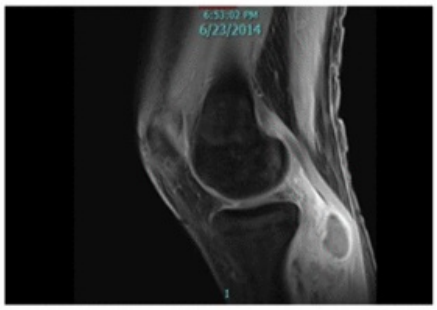
AACR April 2015

ADAP Phase I/II Study in Synovial Sarcoma

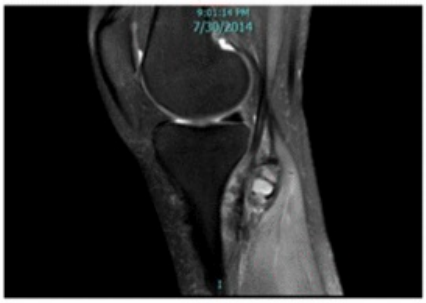
Partial Response Followed by Tumor Resection in Sarcoma



NY-ESO TCR T cells administered



One month post NY-ESO TCR T cells



Two months post NY-ESO T cells

- ~ 70% reduction in lesion size at 2 months after administration of NY-ESO T-cells
- The lesion was then deemed capable of resection

Source: Merchant, CTOS, 2014

NY-ESO in Multiple Myeloma

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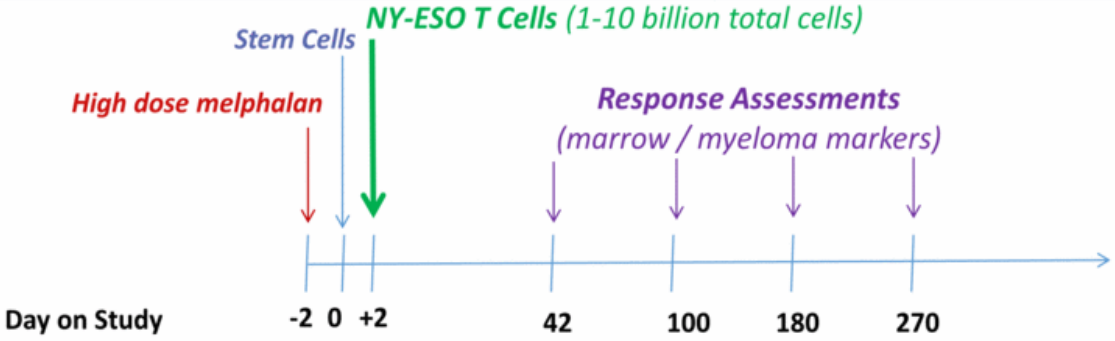
Multiple Myeloma

- Formed by malignant plasma cells in bone marrow
- US prevalence: 77,600 cases - approximately 27,000 new cases expected in 2015
- Average five-year survival rates are estimated to be less than 45 percent
- Majority of patients treated with chemotherapy eventually relapse and cannot be further treated
- Median survival is six to nine months at this stage

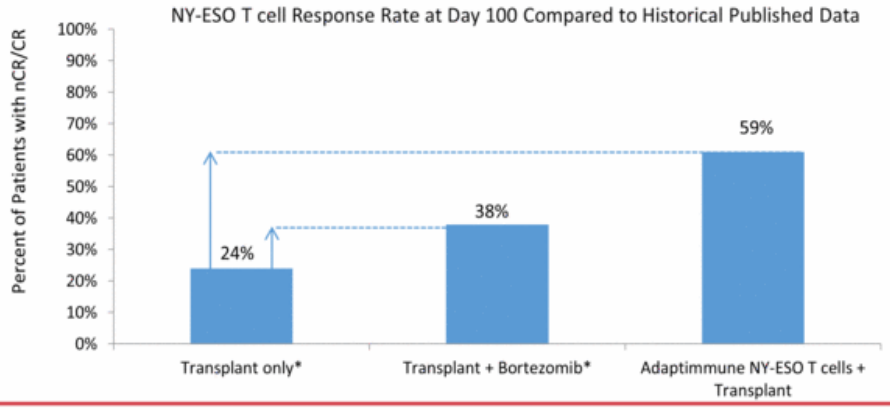
ADAP Phase I/II Study in Multiple Myeloma
Study Design



- All enrolled patients (n=25) had symptomatic myeloma with active disease
- High risk population
  - Average of 3 prior Rx
  - Five patients had prior autologous stem cell transplant
  - 12 with cytogenetic abnormalities, including seven categorized as high-risk
- Patients conditioned with high-dose melphalan followed two days later by ASCT

ADAP Phase I/II Study in Multiple Myeloma
Compelling Response Rate Compared to Published Literature

- Two year overall survival (OS) and progression free survival (PFS) as of April 2015
  - 16/25 patients remain alive; 8/25 remain in remission
  - Median PFS = 19.1 months
  - Median OS = 32.1 months
- 59 percent (13/22) response rate (RR: CR + NCR); 90 percent Overall Response Rate (ORR: VGPR/nCR/CR/PR)



ADAP Phase I/II Study in Multiple Myeloma
Encouraging Tolerability and Persistence

- Generally well tolerated - all SAEs possibly related to the NY-ESO T-cells resolved
- No clinically apparent cytokine release syndrome despite high IL-6 levels
- CAR-Ts have been associated with severe adverse events attributable in part to grade 3 or 4 cytokine release syndrome
- No need for high dose IL-2 to support engineered T-cell persistence
- Prolonged persistence and trafficking of cells detected - cells persist >6 months in most patients
- Infused cells remain functional, without exhaustion, and include a diversity of phenotypes

MAGE A10
Next proprietary target

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IND for MAGE A-10 TCR therapeutic filed

- Preclinical testing complete
- NIH RAC approval obtained – March 10, 2015
- IND approved – announced July 2, 2015
- Initial trial in NSCLC expected to open in 2015
- Further indications under consideration:
  - Bladder, Head and Neck, Breast and GI cancers

The GSK Strategic Collaboration

- Announced June 2014 – Up-front payment £25M
- GSK has option to license NY-ESO at end of Phase 1/2 studies
- Adaptimmune conducts all clinical and non-clinical development work
  - Enables Adaptimmune to optimize regulatory, vector, cell processing, analytical, automation, diagnostic, cell improvements, etc
- GSK can nominate up to four other targets, but not MAGE A-10 or the designated targets in our ongoing research programs
- Up to $350 million in funding and milestones in first seven years
  - Covers milestones for 3 of 5 targets; assuming 2 have MAs filed in US and EU
  - Four milestones already reached
  - Royalties (mid-single to low double digit) and sales milestones payable

Adaptimmune (NASDAQ: ADAP)

- Clinical stage biopharmaceutical company located in Oxfordshire, UK and Philadelphia, PA
- Well capitalized with 70.8M shares outstanding: ~$300M pro forma cash in F1
- Developing engineered T-cell receptors (TCRs) to target cancer cells which the natural immune system cannot detect
- Highly differentiated among immuno-oncology peers due to proprietary integrated technology platform for TCR discovery, engineering and development
- Lead clinical candidate (NY-ESO) has demonstrated tolerability and efficacy in solid tumours and haematologic cancer types
- IND for newest TCR programme (MAGE A10) accepted by FDA - enrollment to begin in 2015
- Anticipate multiple INDs per year from 2016 onwards

Adaptimmune

Engineered TCR T cell therapy

Presentation Materials
September 2015

Adaptimmune
TRANSFORMING T CELL THERAPY