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 October, 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 October 16, 2015, Adaptimmune Therapeutics plc (the "Company") issued a press release announcing that on October 20, 2015, Helen Tayton-Martin, the Company's Chief Operating Officer, will be presenting at the 2015 BIO Investor Forum and James Noble, the Company's Chief Executive Officer, will be a featured speaker at that conference. The press release is attached as Exhibit 99.1 and the presentation materials are attached as Exhibit 99.2 hereto and both exhibits are incorporated by reference herein.

Exhibits

99.1 Press release dated October 16, 2015
99.2 Presentation materials dated October 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

Date: October 19, 2015

Exhibit 99.1

Adaptimmune to Participate in the 2015 BIO Investor Forum

PHILADELPHIA, Pa. and OXFORD, United Kingdom, October 16, 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 that Helen Tayton-Martin, Chief Operating Officer of Adaptimmune will present at the 2015 BIO Investor Forum at 9:00 AM PDT (5:00 PM BST) on Tuesday October 20, 2015. The conference is being held at the Parc 55 Hotel in San Francisco, Ca.

Adaptimmune's presentation 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.

In addition, James Noble, Adaptimmune's Chief Executive Officer will be a featured speaker at the 2015 BIO Investor Forum's Fireside Chat at the Plenary Lunch on Tuesday October 20, 2015 at 12:30 PM PDT.

About Adaptimmune

Adaptimmune is a clinical stage biopharmaceutical company focused on novel cancer immunotherapy products based on its T-cell receptor (TCR) 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 TCRs as a means of strengthening natural patient T-cell responses. Adaptimmune's lead program is an affinity enhanced T-cell therapy targeting the NY-ESO cancer antigen. Its NY-ESO TCR affinity enhanced T-cell therapy has demonstrated signs of efficacy and tolerability in Phase 1/2 trials in solid tumors and in hematologic cancer types, including synovial sarcoma and multiple myeloma. As of June 30, 2015, 85 patients had been treated with Adaptimmune's NY-ESO affinity enhanced T-cell therapy: 47 under Adaptimmune's IND, and 38 under a National Cancer Institute IND. 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 affinity enhanced T-cell therapies, 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 12 of these through unpartnered research programs. Adaptimmune has over 190 employees and is located in Oxfordshire, U.K. and Philadelphia, USA. For more information: http://www.adaptimmune.com

Adaptimmune Contacts

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Head of PR

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Exhibit 99.2

Adaptimmune

Engineered TCR T cell therapy

Presentation Materials
October 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 Form 20-F filed with the Securities and Exchange Commission on October 13, 2015 and our other SEC filings.

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 affinity enhanced T-cell therapies for autologous T-cell therapeutics to treat cancer
- Lead clinical candidate targeting NY-ESO T is in multiple human studies and has shown efficacy in solid tumors and hematologic cancer types
  - Synovial sarcoma – 5 responses seen in first 11 patients (incl. 1 CR)
  - Multiple myeloma in ASCT setting – 59% nCR/CR rate
- IND for next TCR program approved, patients enrolling late 2015 (MAGE A10)
- Strategic collaboration with GSK: up to $350 million in milestones over 7 years, initially focused on NY-ESO
- NASDAQ Listing (ADAP)
  - 70.8 million ADSs outstanding (1 ADS : 6 Shares)
  - IPO proceeds of $176m
  - Cash plus asset investments at 30 June 2015 of $284m

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

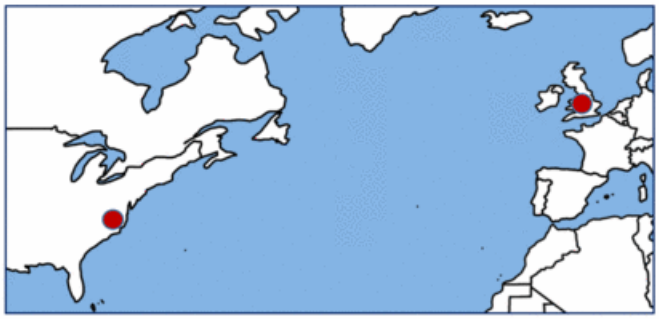
2014

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

2015

IPO on Nasdaq (ADAP)

Net proceeds ~$176m



PHILADELPHIA
(~50 FTEs)

OXFORD
(~140 FTEs)

Experienced Management Team and Board

Executive Management

Name:	Title:	Experience:
James Noble, MA, FCA	CEO & Co-Founder	GW Pharmaceuticals, CuraGen Corporation, MediGene, IMMUNOCORE
Helen Tayton-Martin, PhD MBA	COO & Co-Founder	MediGene, Pasteur, Avidex, Merieux Development, 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

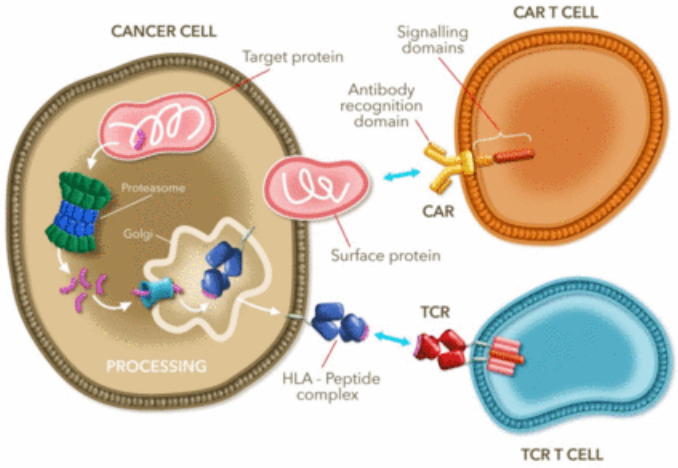
Name:	Affiliation:	Experience:
Jonathan Knowles, PhD, Chairman	Independent	Roche, GlaxoWellcome
James Noble, MA, FCA	CEO & Co-Founder	GW Pharmaceuticals, CuraGen Corporation, MediGene, IMMUNOCORE
David Mott	NEA	MedImmune, ProSensa, Epizyme
Ali Behbahani, MD	NEA	nevro
Peter Thompson, MD	OrbiMed	Trubion,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

Institutional Investors

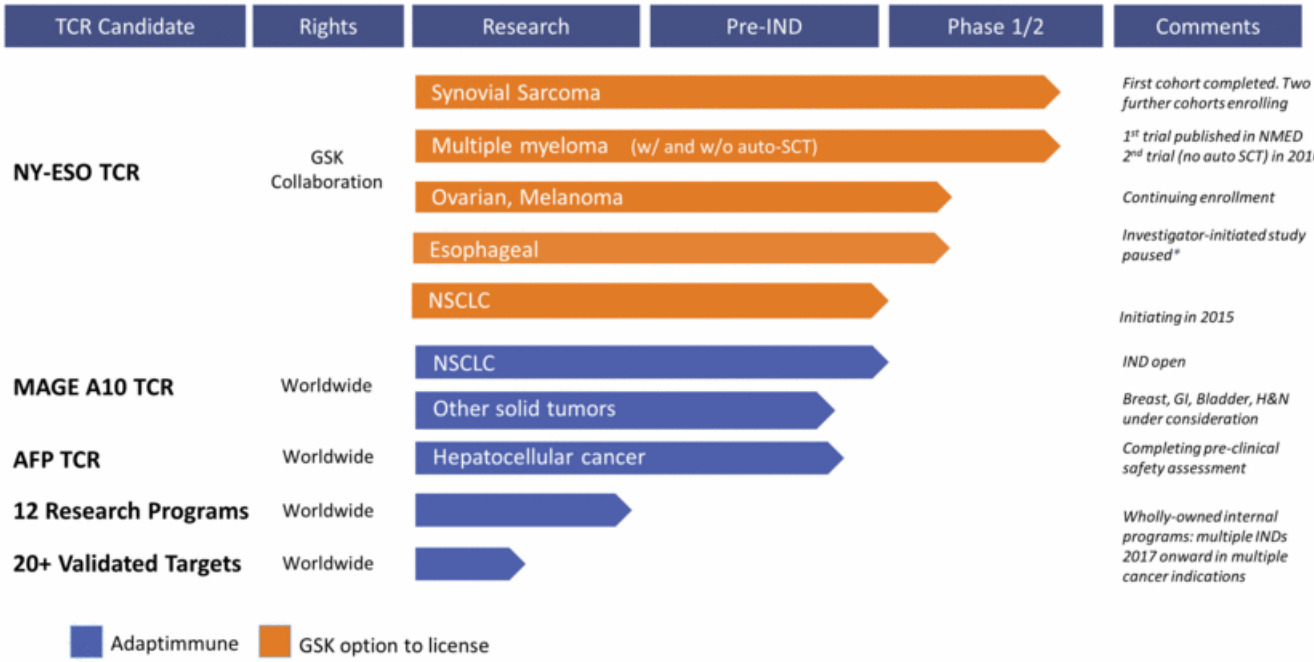
NEA, OrbiMed, Wellington Management, Fidelity Investments, Foresite Capital, Ridgeback Capital Management, novo, QVT Financial LP, Rock Springs Capital, venBio, Merlin Nexus

TCRs recognize 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



ADAP Pipeline: Robust Pipeline of T-Cell Receptors



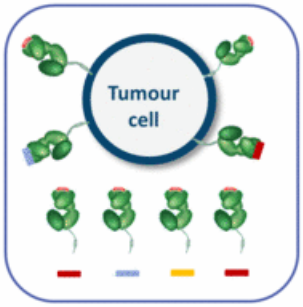
* *Investigators carrying out study have voluntarily suspended patient recruitment pending investigation of a patient death occurring 46 days after T-cell infusion.*

Platform and Differentiation

Adaptimmune
TRANSFORMING T CELL THERAPY

Finding the Right Targets

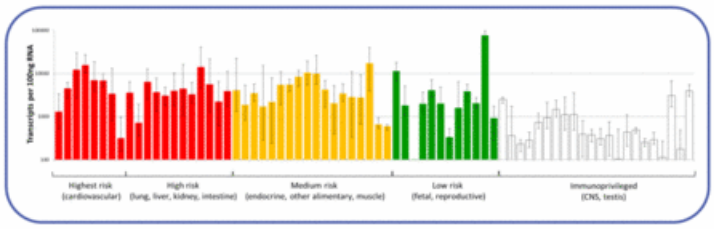
Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



Mass spectrometry

Confirms surface expression and expression on tumor cells (i.e. not normal tissue)

Indication	Frequency
Prostate	100% (inc. androgen independent)
Renal	90%
Lung	88%
Bladder	85%
Breast	83%

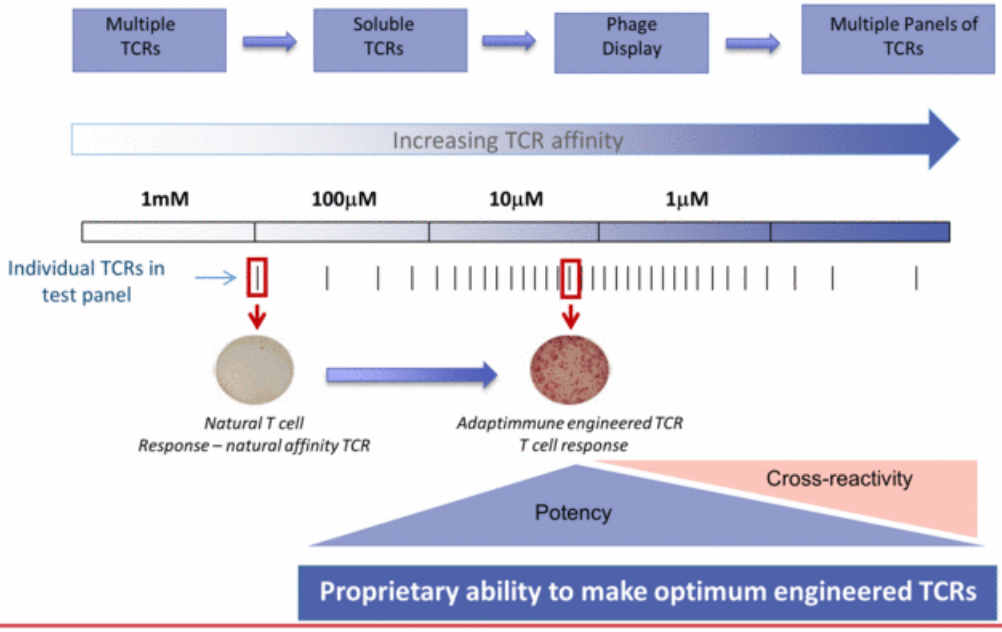


Only **low risk targets** selected for TCR programs

Over thirty validated targets and growing

Finding the Right TCR Affinity

Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing

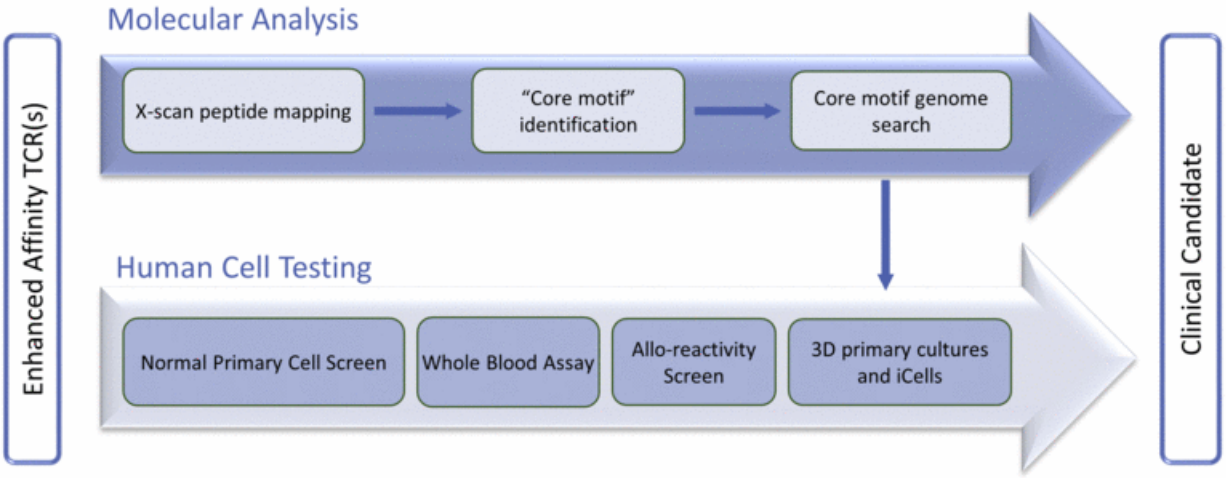


Proprietary ability to make optimum engineered TCRs

Proprietary Safety Testing

Validated Targets → Engineered TCRs → **Safety Testing** → Robust Manufacturing

Redefined completely following two deaths on MAGE A3 study in 2011/12*

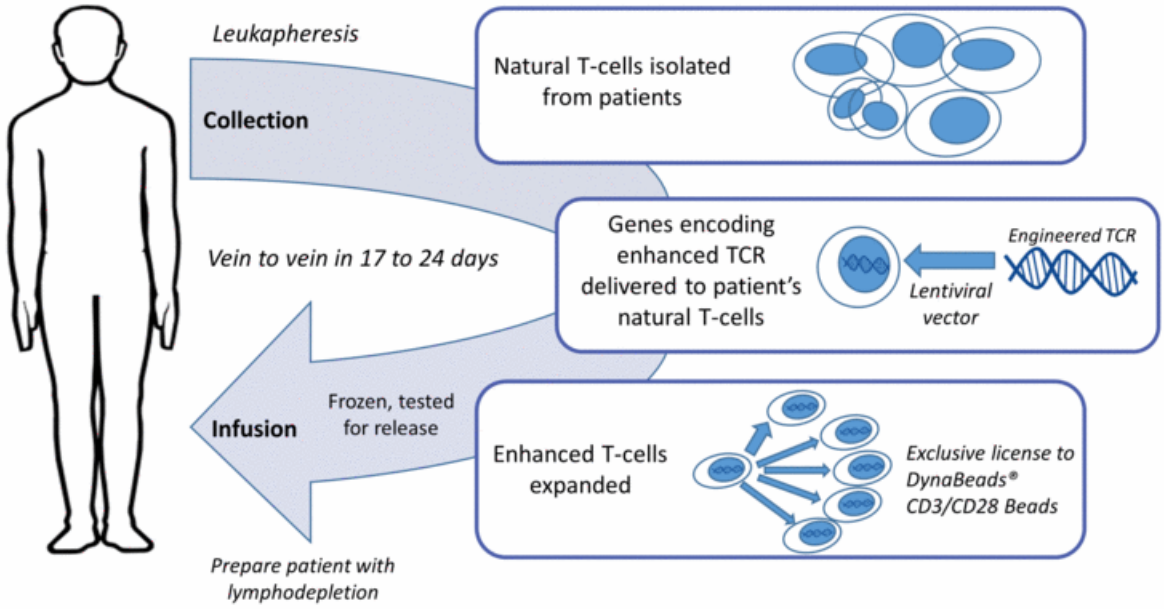


Systematic safety analysis of real/possible off-target activity

*Linette et al, Blood (2013)
Cameron et al, Science Translational Medicine (2013)

Proprietary Process for Manufacturing

Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



NY-ESO in Synovial Sarcoma

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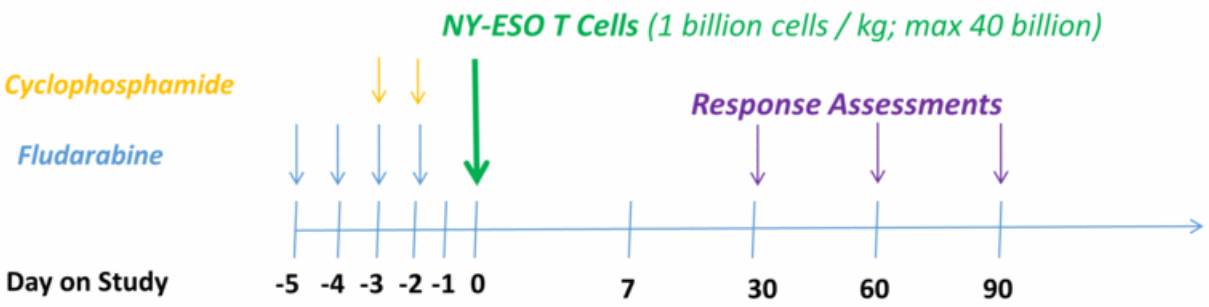
ADAP Phase I/II Study in Synovial Sarcoma



- 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
- Study Design:
  - Multicenter pilot study in 11 patients, objectives:
    - 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

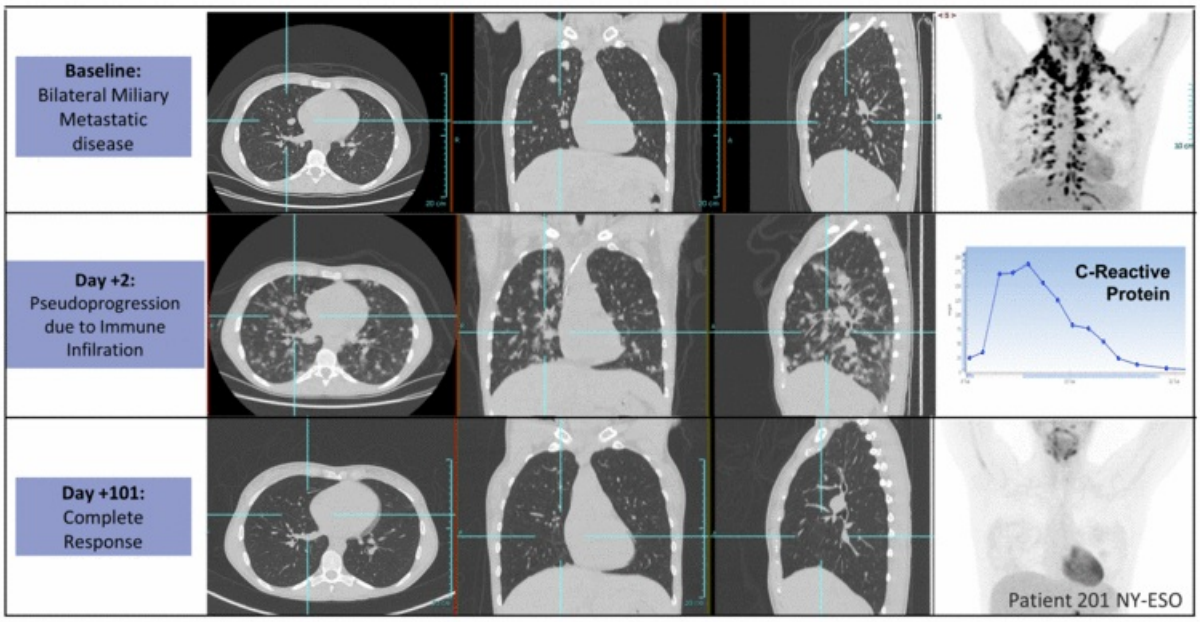
Synovial Sarcoma

Encouraging Response Rate, Tolerability and Persistence

- Of the first 11 patients, five responded: Only T-cell technology to show clinical anti-tumor response in a solid tumor
  - Two non responders potentially under-dosed
- Two new cohorts initiated
  - One cohort assessing low expressers, the other assessing removal of fludarabine
  - Data expected from first cohort in November 2015
- Generally well tolerated
- 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

ADAP Phase I/II Study in Synovial Sarcoma

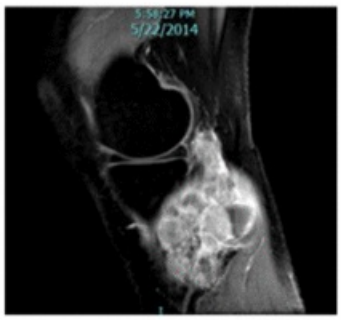
Radiographic Pseudoprogression and Response of Lung Metastases



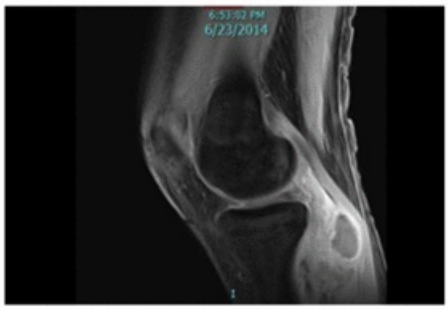
AACR April 2015

ADAP Phase I/II Study in Synovial Sarcoma

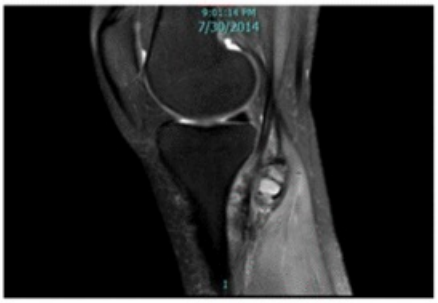
Partial Response Followed by Tumor Resection in Sarcoma



NY-ESO TCR T cells administered



One month post NY-ESO TCR T cells



Two months post NY-ESO T cells

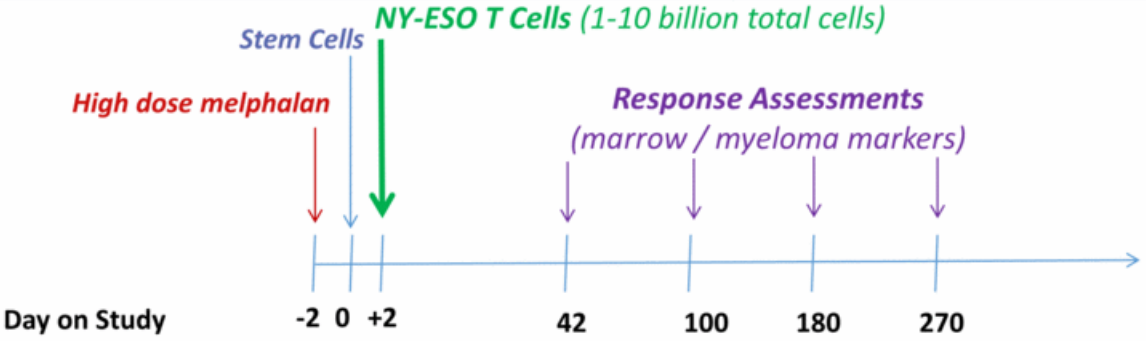
- ~ 70% reduction in lesion size at 2 months after administration of NY-ESO T-cells
- The lesion was then deemed capable of resection

Source: Merchant, CTOS, 2014

NY-ESO in Multiple Myeloma

Adaptimmune
TRANSFORMING T CELL THERAPY

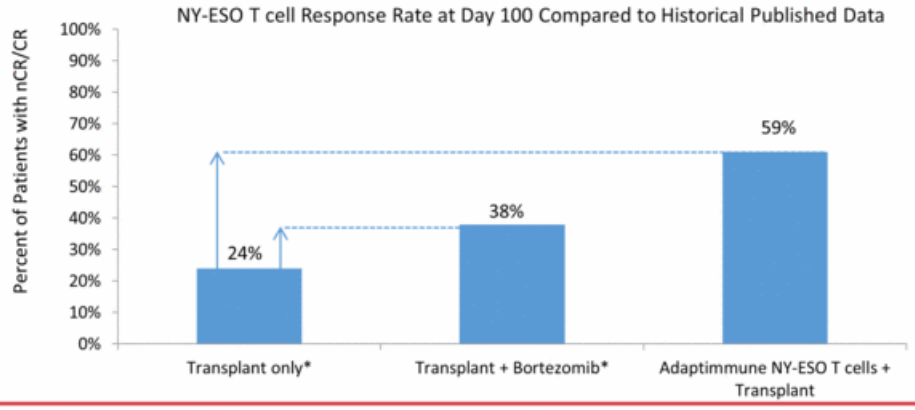
ADAP Phase I/II Study in Multiple Myeloma
Study Design



- 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
- Study Design:
  - All enrolled patients (n=25) had symptomatic myeloma with active disease
  - High risk population
    - Average of 3 prior Rx (5 prior ASCT)
    - Twelve with cytogenetic abnormalities, including seven categorized as high-risk
  - Patients conditioned with high-dose melphalan followed 2 days later by ASCT

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

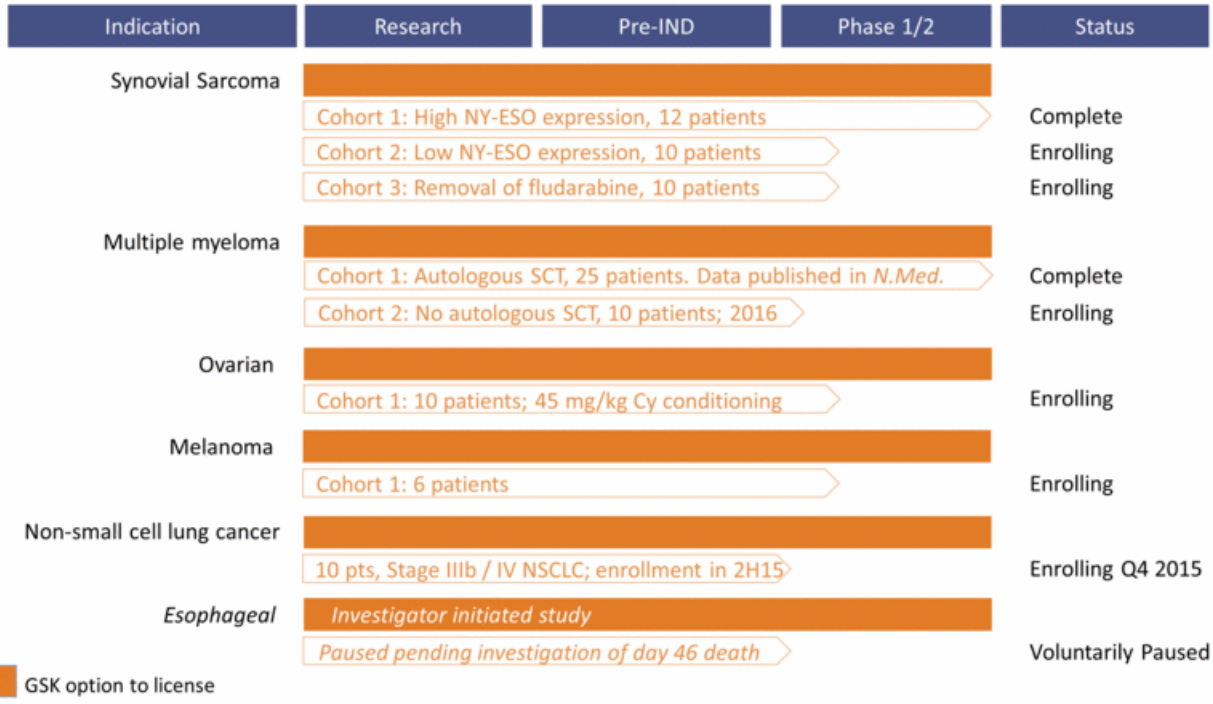
- Two year overall survival (OS) and progression free survival (PFS) as of April 2015
  - 16/25 patients remain alive; 8/25 remain in remission
  - Median PFS = 19.1 months
  - Median OS = 32.1 months
- 59 percent (13/22) response rate (RR: CR + NCR); 90 percent Overall Response Rate (ORR: VGPR/nCR/CR/PR)



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

ADAP Pipeline: Next Steps with NY-ESO



MAGE A10
Next proprietary target

Adaptimmune
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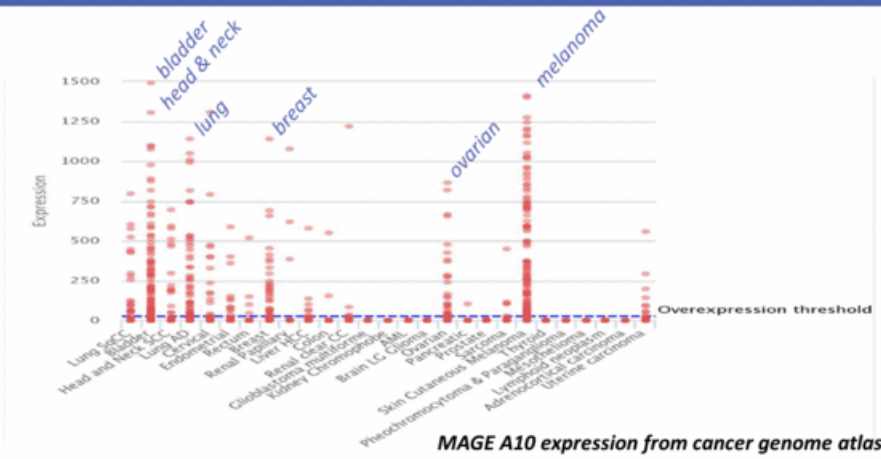
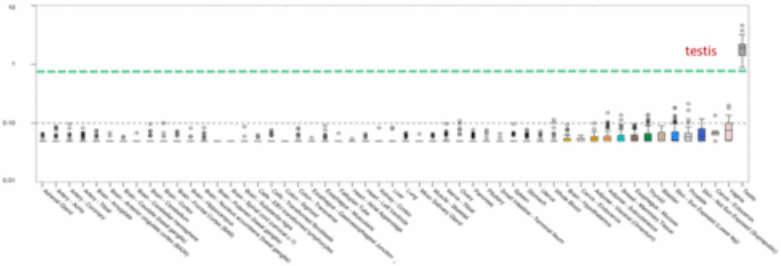
MAGE A10 – A multi-cancer target



MAGE A10 expression from cancer genome atlas (TCGA)



MAGE A10 expression is absent/low in most adult non-reproductive tissue tissues

RNAseq (Log scale) **GTEx Portal**

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
- Basket study anticipated in 2016 in multiple cancers potentially including bladder, head and neck, breast and GI cancers.

ADAP Pipeline: Next Steps Wholly-owned ADAP Targets

Indication	Research	Pre-IND	Phase 1/2	Status
MAGE-A10 TCR	Non-small cell lung cancer (NSCLC)			
	IND open			Enrollment Q4 2015
	Basket study: Solid tumors			Enrollment in 2016
	Generation 2			IND 2017
AFP TCR	Hepatocellular cancer			
	Safety testing ongoing; IND planned 1H16			IND planned 1H 2106
Research programs	12 undisclosed cancer targets			
	Research & Safety testing ongoing			INDs from 2017+
Validated targets	30 undisclosed cancer targets			

Adaptimmune

GSK Collaboration

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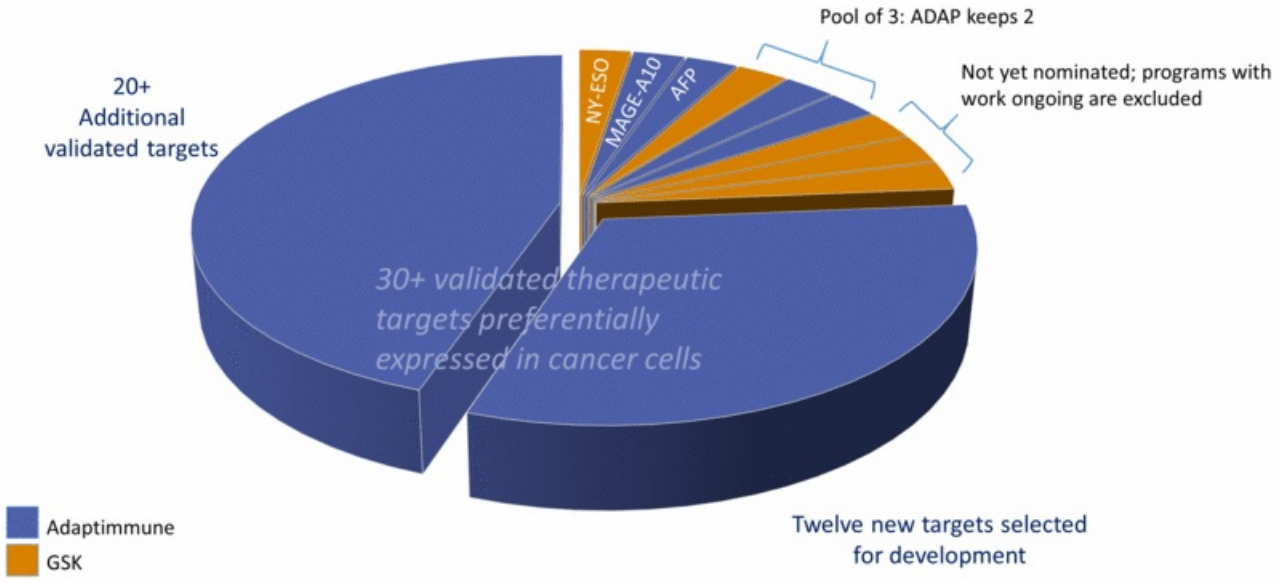
TRANSFORMING T CELL THERAPY

The GSK Strategic Collaboration

- Announced June 2014: Up-front payment £25 million
- 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 $350m in funding and milestones in first seven years
  - Covers milestones for 3 of 5 targets; assuming 2 have MAs filed in US and EU
  - First four milestones already reached
  - Royalties (mid-single to low double digit) and sales milestones payable

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
☐	2H 2015	Work with GSK to accelerate Synovial Sarcoma program

2016

☐	1H 2016	File IND for AFP
☐	2016	Expansion beyond oncology
☐	2016	Additional Phase 1/2 data from NY-ESO clinical studies in: • Sarcoma • Ovarian • Lung • Melanoma • Myeloma
☐	2H 2016	Initiate AFP study in hepatocellular cancer
☐	2H 2016	Initiate combination studies
☐	2H 2016	First data on MAGE A10 studies
☐	2H 2016	Initiate MAGE A-10 "Basket Study"
☐	2017	Development of Generation 2 TCRs
☐	2017 +	Multiple INDs for new TCR therapeutic candidates

Adaptimmune (NASDAQ: ADAP)

- Clinical stage biopharmaceutical company located in Oxfordshire, UK and Philadelphia, PA
- 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 promising risk/benefit profile and has demonstrated efficacy in solid tumors and hematologic cancer types
- IND for newest TCR program (MAGE A10) accepted by FDA; enrollment to begin in 2015
- Anticipate new INDs for new TCR candidates each year from 2017 onwards
- Cash plus asset investments at 30 June 2015 of $284m, approximately 3 years' cash burn

Adaptimmune

Engineered TCR T cell therapy

Presentation Materials
October 2015

Adaptimmune
TRANSFORMING T CELL THERAPY