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 November, 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 November 5, 2015, Adaptimmune Therapeutics plc (the "Company"), issued a press releaseannouncing that the Company is presenting (i) updated data on its lead clinical program, an affinity enhanced T-cell receptor therapy targeting the NY-ESO-1 cancer antigen in synovial sarcoma; (ii) an extended follow-up and correlative data from the Company's study of its T-cell therapy targeting NY-ESO in patients with multiple myeloma; and (iii) preclinical safety assessments of its next affinity enhanced T-cell therapy product directed at MAGE A-10 at the 2015 Annual Meeting of the Society of Immunotherapy for Cancer (SITC). On November 5, 2015, the Company also released an updated corporate presentation. The press release and the updated corporate presentation materials are attached hereto as Exhibit 99.1 and Exhibit 99.2, respectively, and are each incorporated by reference herein.

Exhibits

99.1 Press release dated November 5, 2015

99.2 Adaptimmune Presentation Materials dated November 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: November 5, 2015

Exhibit 99.1

Adaptimmune Announces Data from Clinical Study of NY-ESO Affinity Enhanced T-Cell Therapy in Synovial Sarcoma at the 2015 Annual Meeting of the Society of Immunotherapy for Cancer (SITC)

PHILADELPHIA, Pa. and OXFORD, UK, November 5, 2015 — Adaptimmune Therapeutics plc (Nasdaq: ADAP), a leader in the use of TCR engineered T-cell therapy to treat cancer, today presents updated data on its lead clinical program, an affinity enhanced T-cell receptor therapy targeting the NY-ESO-1 cancer antigen in synovial sarcoma, at the 2015 Annual Meeting of the Society of Immunotherapy for Cancer (SITC).

Also being presented are an extended follow-up and correlative data from Adaptimmune's study of its T-cell therapy targeting NY-ESO in patients with multiple myeloma, and preclinical safety assessments of its next affinity enhanced T-cell therapy product directed at MAGE A-10, for which a clinical trial is expected to initiate later this year.

The data presented demonstrate the following:

- In the primary efficacy analysis, 50 percent of synovial sarcoma patients receiving Adaptimmune's affinity enhanced T-cell therapy targeting NY-ESO responded, and 75 percent remain alive and on long-term follow up. Sixty (60) percent of patients receiving the target dose responded, and 90 percent remain alive and on long term-follow up;
- Adaptimmune's affinity enhanced T-cell therapy targeting NY-ESO in multiple myeloma generated responses that were better than expected for autologous stem cell transplant (ASCT) alone, despite the patients having advanced stage disease with 60 percent of patients having tumor chromosomal abnormalities; and
- Adaptimmune's platform technology enables the generation of multiple TCRs to a large number of cancer targets. Once affinity engineered, these TCRs are subjected to an extensive preclinical safety and efficacy package.

In the synovial sarcoma poster presentation, entitled: "Optimizing engineered TCR T-cell therapy for synovial sarcoma," Sandra P. D'Angelo, M.D., Assistant Attending, Sarcoma Medical Oncology / Immunotherapeutics Core at Memorial Sloan-Kettering Cancer Center is providing an update on Adaptimmune's NY-ESO-1 synovial sarcoma study, including all patients in the original cohort (*n*=12), and longer follow-up and time-to-event, as well as updated correlative and safety data, and characterization of the product pre-and post-infusion. All patients enrolled in the study had metastatic or relapse inoperable synovial sarcoma, and failed prior ifosfamide and/or doxorubicin therapy. The authors of the poster conclude:

- Adaptimmune's affinity enhanced T-cell therapy targeting NY-ESO demonstrated robust clinical responses in synovial sarcoma, including a 50 percent (6/12) overall response rate (ORR) in patients receiving T-cells, and a 60 percent (6/10) response rate in a subset of patients who received the target dose of one to six billion total engineered T-cells. Two patients received below the target dose, and neither responded. This compares favorably to a historical partial

---

response rate of approximately four percent observed with pazopanib, which is the only approved drug in this patient population.
- Seventy-five (75) percent (9/12) of all subjects who received any dose of NY-ESO-1 T cells - and 90 percent (9/10) of subjects who received the minimum intended cell dose - are alive and on long term follow-up. Forty-two (42) percent (5/12) of patients who received any dose have survival data beyond one year.
- NY-ESO-1 T-cells durably persist and maintain function without accumulation of exhaustion markers; persistence detected at up to 21 months in those receiving the minimum intended cell dose. Poor persistence was observed in subjects receiving less than 1 billion NY-ESO-1 T-cells, with no detectable cells beyond day 25.
- The encouraging anti-tumor activity considered in the context of a generally manageable safety profile is supportive of a favorable benefit:risk for NY-ESO-1 T-cells in this patient population. Most treatment related adverse events resolve within 30 days of treatment. The most common adverse events include: nausea, anemia, pyrexia, lymphopenia, and neutropenia. There were no treatment related deaths. Cytokine release syndrome was seen in 4 subjects; Grade 3 cytokine release syndrome was observed in 2/4 subjects, no grade 4 events were observed.
- The evidence of relapse seen in some patients provides rationale for testing of combination approaches or second generation T-cells designed to overcome the immune suppressive environment of selected tumors.

Dr. Rafael Amado, Adaptimmune's Chief Medical Officer, said, "Adaptimmune's core focus is the development of affinity enhanced T-cell therapies that may offer promising treatment options to patients with a broad range of solid and hematologic malignancies. We are encouraged by the response and survival data we are observing in patients with chemotherapy refractory synovial sarcoma, and we have expanded this trial as we progress the development of our NY-ESO T-cell therapy in this disease. We also continue to see promising clinical outcomes with our NY-ESO T-cell therapy in patients with relapsed or refractory multiple myeloma. And importantly, we continue to refine our proprietary in vitro predictive safety package, which we now utilize to assess each of our candidate T-cell therapies."

In the myeloma update entitled, "Deep phenotypic characterization of NY-ESO TCR engineered T cells and tumor in patients with advanced myeloma", Eduardo Davila, Ph.D., Associate Professor of Microbiology and Immunology at the University of Maryland School of Medicine, Program Leader for Tumor Immunology and Immunotherapy Research Program at the Greenebaum Cancer Center at the University of Maryland, is presenting follow-up data from the Nature Medicine paper (published July 20, 2015) reporting results of the first 20 patients. This update includes data from the full 25 patient cohort, long term follow-up data, and details on NY-ESO-1 T-cell phenotyping and functional data, as well as clinical and basic correlative data in myeloma patients. Patients in this study had an average of 3 prior therapies; 24 percent had received prior transplant and 60 percent have tumors with chromosomal abnormalities. Early studies indicate upregulation of PDL-1 in relapsing tumor. Relapse occurs upon loss of NY-ESO-1^{c259}T in the peripheral blood, suggesting that therapies designed to improve persistence or enhance multi-targeting of tumor would be beneficial. The authors conclude that the depth of responses on study, including a complete response rate of 59 percent, are better than expected for ASCT alone, despite the patient population being advanced with risk factors of tumor chromosomal

---

abnormalities, and prior ASCT. Median overall survival amongst treated patients is 32 months, and median progression free survival is 19 months.

Adaptimmune also presents preclinical data supporting its next first in human study in a poster entitled, "Preclinical safety testing of an Optimized Enhanced-Affinity MAGE-A10 -specific T cell receptor for adoptive T cell therapy". Andrew Gerry, Ph.D., Director of Preclinical Research at Adaptimmune is providing a summary of the preclinical safety testing of an affinity-enhanced T-cell therapy specific for MAGE-A10, for which a dose escalation study in patients with non-small cell lung cancer is expected to initiate shortly. The Investigational New Drug (IND) application is open, and the study is expected to initiate in 2015. Adaptimmune has the ability to generate multiple TCRs against cancer target antigens and select the optimal TCR based on specificity; the company can then optimize the affinity of the TCR. Once affinity optimized, the company has established an extensive, first-in-class in vitro-based preclinical safety and efficacy package including molecular peptide mapping, 2D and 3D primary cell line screening, and alloreactivity screening, which capitalizes on the ability to map the linear peptide target of the TCR. The authors of the poster conclude that Adaptimmune's preclinical strategy has been shown to be able to predict off target toxicity observed in a prior study with a MAGE-A3 TCR. This strategy, under continuing refinement, will be used for all new candidate enhanced affinity TCRs for adoptive T cell therapy for cancer and other diseases.

Adaptimmune's affinity enhanced T-cell candidates are novel cancer immunotherapies that have been engineered to target and destroy cancer cells by strengthening a patient's natural T-cell response. T-cells are a type of white blood cell that play a central role in a person's immune response. Adaptimmune's goal is to harness the power of the T-cell and, through its multiple therapeutic candidate, significantly impact cancer treatment and clinical outcomes of patients with solid and hematologic cancers

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 therapy, 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 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

Forward-Looking Statements

This press release 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 Annual Report on Form 20-F filed with the Securities and Exchange Commission on October 13, 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 press release 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.

Adaptimmune Contacts

Will Roberts
Vice President, Investor Relations
T: (215) 966-6264
E: will.roberts@adaptimmune.com

Margaret Henry
Head of PR
T: +44 (0)1235 430036
Mob: +44 (0)7710 304249
E: margaret.henry@adaptimmune.com

Exhibit 99.2

Adaptimmune

Engineered TCR T cell therapy

Presentation Materials
November 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 Annual Report on Form 20-F filed with the Securities and Exchange Commission (SEC) 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: SITC 2015 data
  - Synovial sarcoma – In patients receiving target dose of $1x10^9$ cells: 60% RR; 90% remain alive and on long-term follow up
  - Multiple myeloma in ASCT setting – In patients with advanced stage disease:
    - 59% nCR/CR rate
    - Long-term persistence of cells up to 3+ years
- IND for next TCR program approved, patients enrolling late 2015 (MAGE A10)
- IND anticipated for AFP in 1H2016
- Strategic collaboration with GSK: up to $350 million in milestones over 7 years, initially focused on NY-ESO
- 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

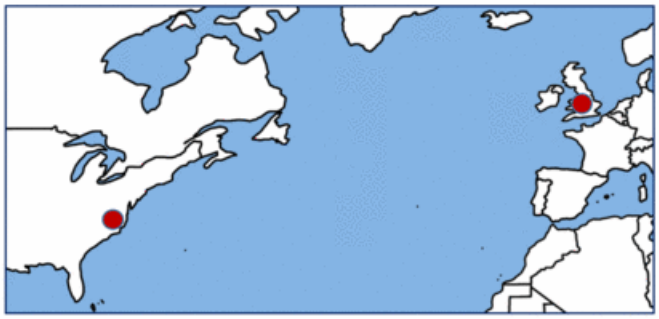
2014

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

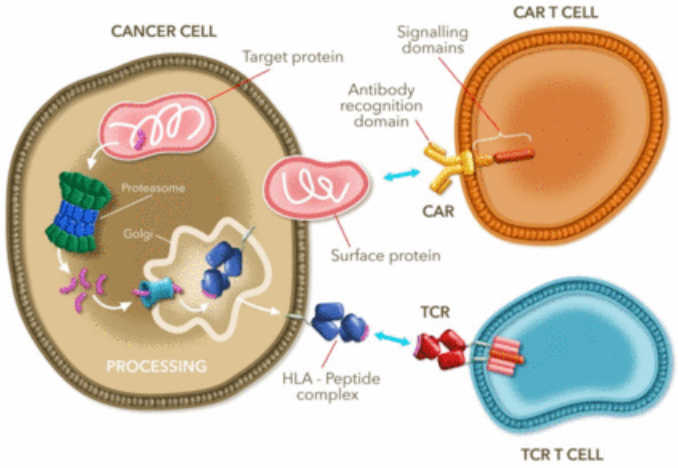
Name:	Title:	Experience:
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
Helen Tayton-Martin, PhD MBA	COO & Co-Founder	MediGene, PASTEUR, Avidex, MERIEUX, SANDOZ
Adrian Rawcliffe	CFO	gsk, SR·one
Rafael Amado, MD	CMO	gsk, AMGEN, Ucla
Gwen Binder-Scholl, PhD	EVP, Adaptimmune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

Board of Directors

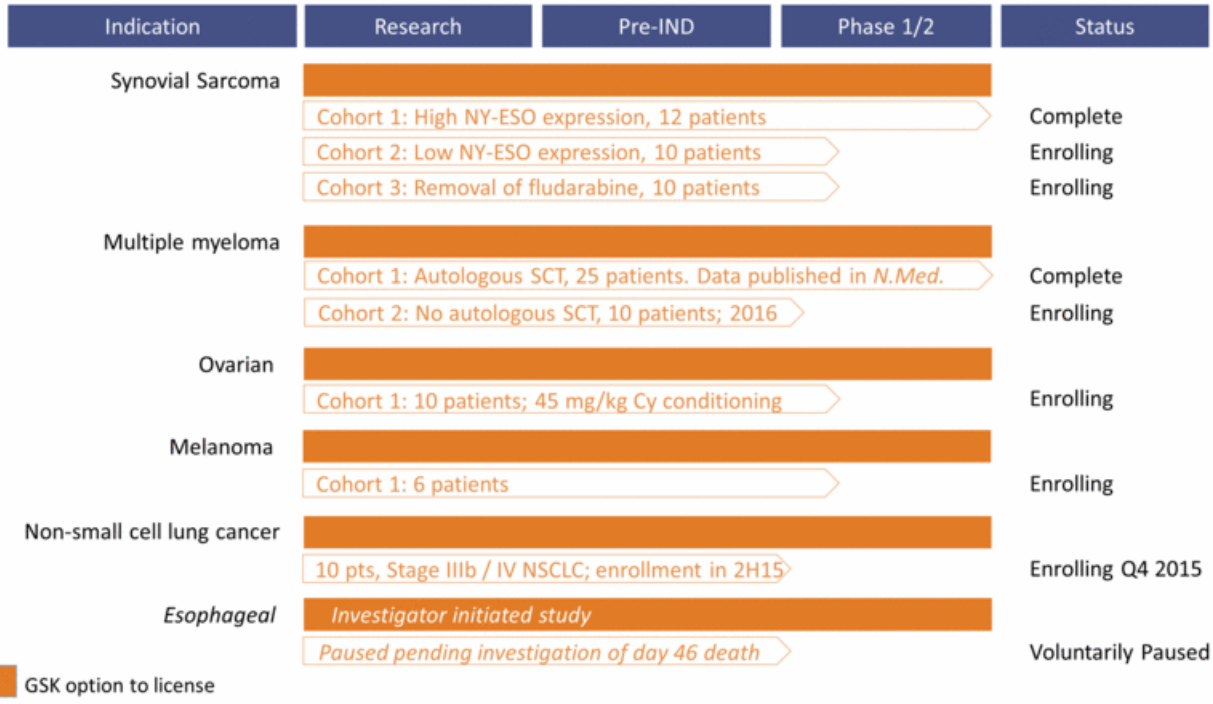
Name:	Affiliation:	Experience:
Jonathan Knowles, PhD, Chairman	Independent	Roche, GlaxoWellcome
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
David Mott	NEA	MedImmune, PROSENSA, Epizyme
Ali Behbahani, MD	NEA	nevro
Peter Thompson, MD	OrbiMed	TRUBION, CLEAVE BIOSCIENCES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

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: Next Steps with NY-ESO



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			

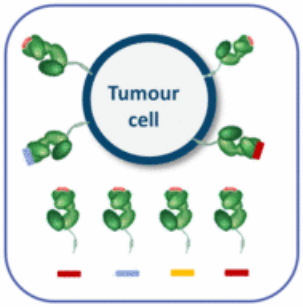
Adaptimmune

Platform and Differentiation

Adaptimmune
TRANSFORMING T CELL THERAPY

Finding the Right Targets

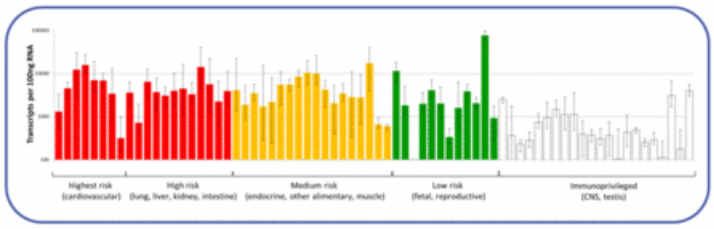
Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



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%

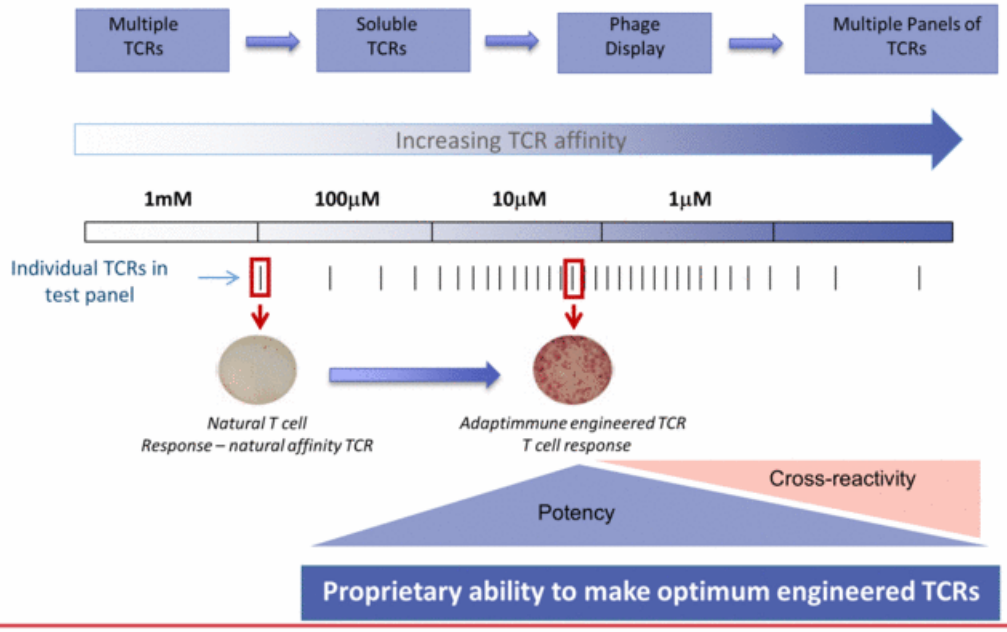


Only **low risk targets** selected for TCR programs

Over thirty validated targets and growing

Finding the Right TCR Affinity

Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing

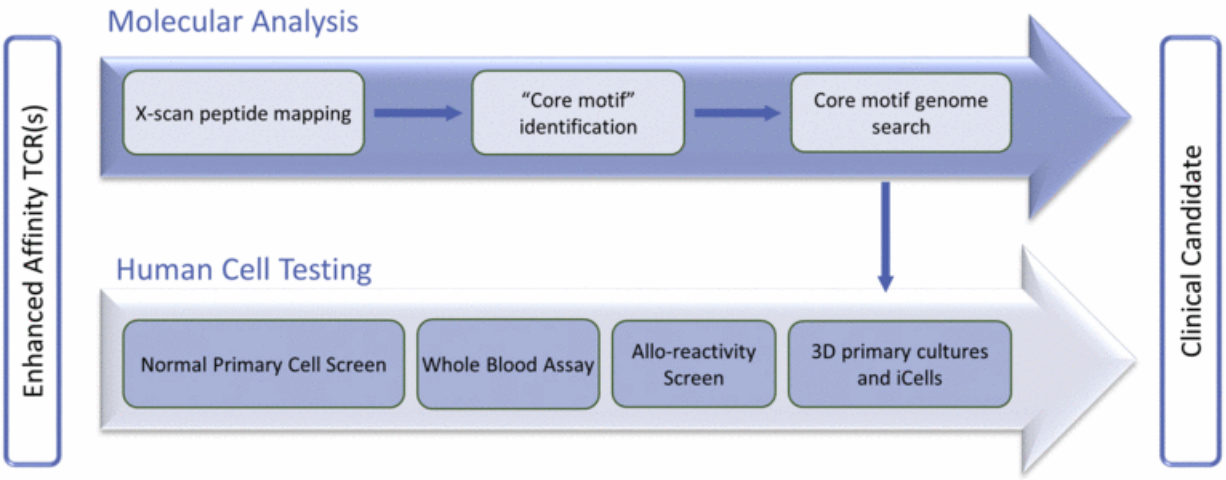


Proprietary ability to make optimum engineered TCRs

Proprietary Safety Testing

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

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

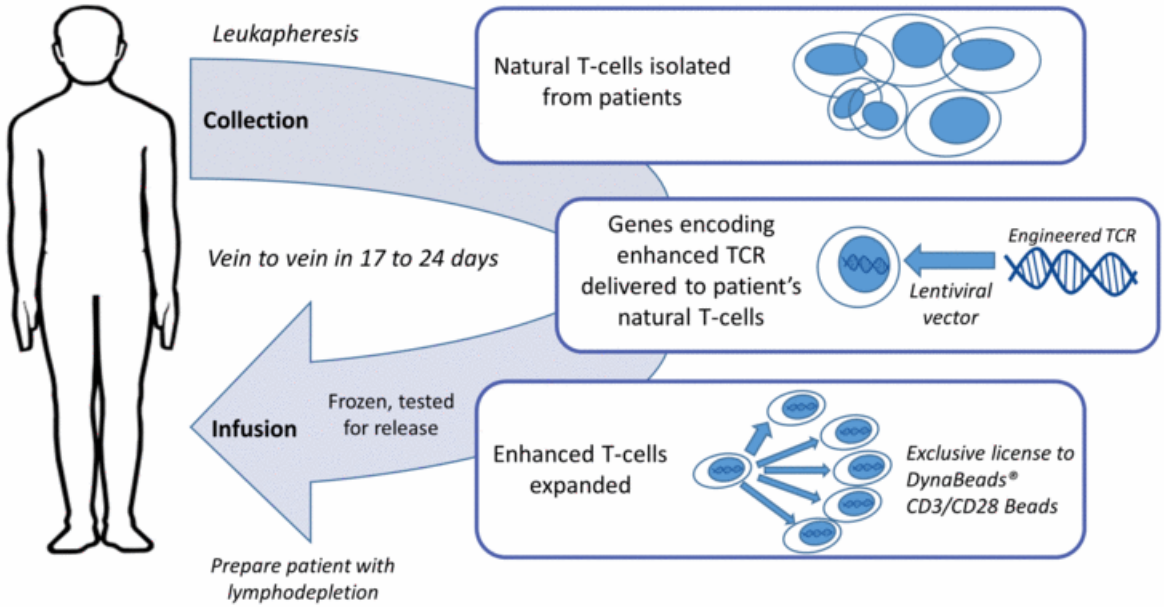


Systematic safety analysis of real/possible off-target activity

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

Proprietary Process for Manufacturing

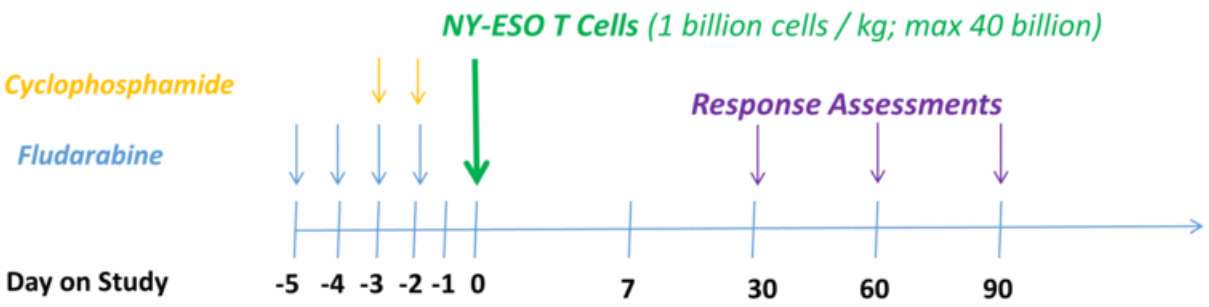
Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



NY-ESO in Synovial Sarcoma

Adaptimmune
TRANSFORMING T CELL THERAPY

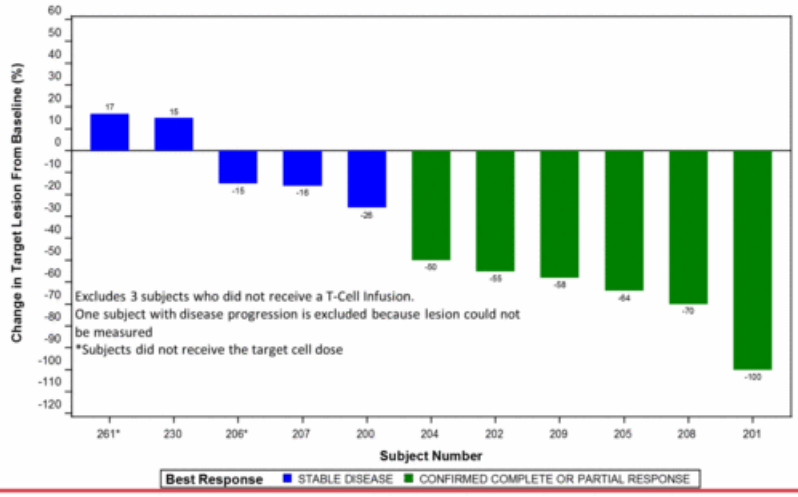
ADAP Phase I/II Study in Synovial Sarcoma



- 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 12 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

- 60% response rate in the 10 patients who received target cell dose (at least $1x10^9$ NY-ESO-1^{C259}T cells)
- 50% overall response rate (6/12) in patients receiving any dose of cells
- 75% (9/12) of all patients - and 90% (9/10) patients who received target dose - are alive and on long term follow-up.



Synovial Sarcoma

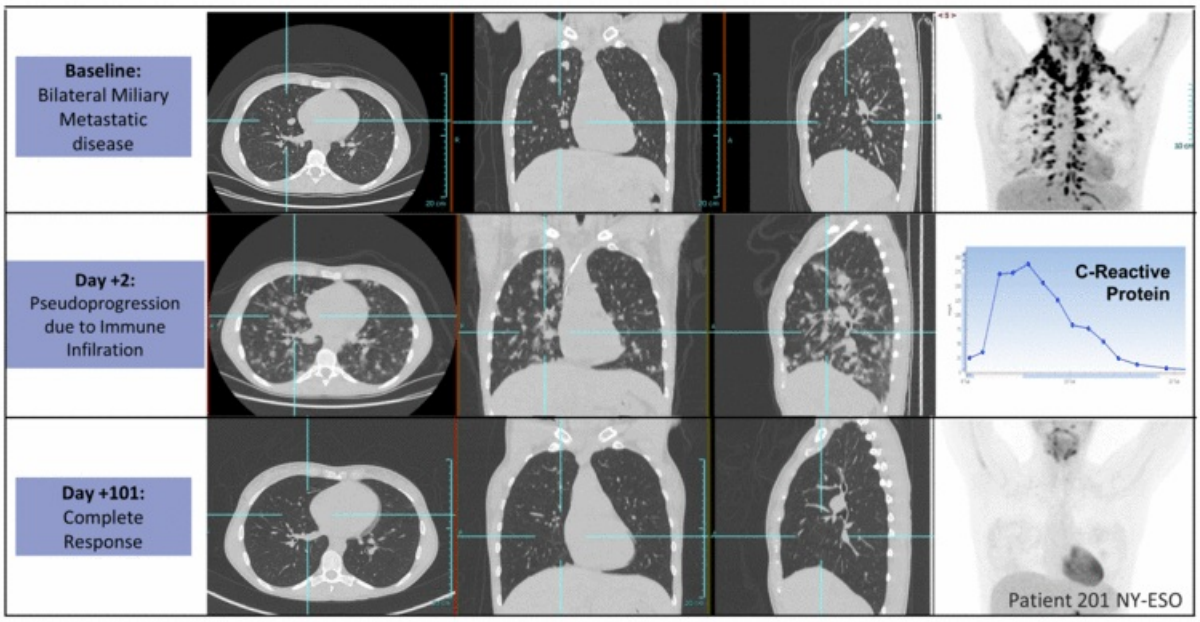
Encouraging Response Rate, Tolerability and Persistence

- Generally well tolerated; indicative of a favorable risk:benefit profile
  - The majority of adverse events occur within the first 2 weeks following cell infusion and resolve within 30 days.
- 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 without accumulation of exhaustion markers

- ❑ Two new cohorts initiated
  - ❑ One cohort assessing low expressers
  - ❑ The other assessing removal of fludarabine
- ❑ Filing strategy being agreed with GSK
- ❑ Assessing studies in combination with checkpoint modulators

ADAP Phase I/II Study in Synovial Sarcoma

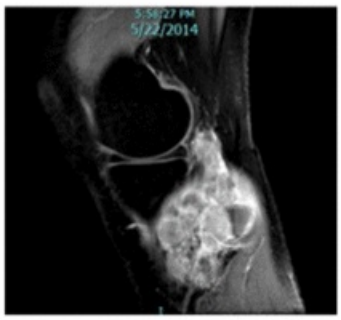
Radiographic Pseudoprogression and Response of Lung Metastases



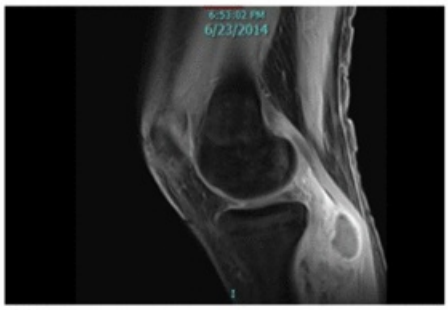
AACR April 2015

ADAP Phase I/II Study in Synovial Sarcoma

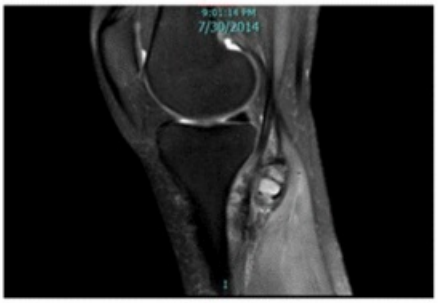
Partial Response Followed by Tumor Resection in Sarcoma



NY-ESO TCR T cells administered



One month post NY-ESO TCR T cells



Two months post NY-ESO T cells

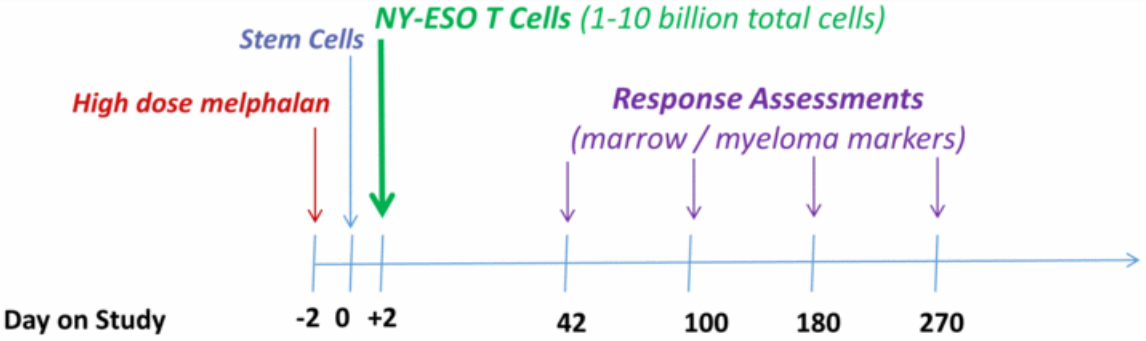
- ~ 70% reduction in lesion size at 2 months after administration of NY-ESO T-cells
- The lesion was then deemed capable of resection

Source: Merchant, CTOS, 2014

NY-ESO in Multiple Myeloma

Adaptimmune
TRANSFORMING T CELL THERAPY

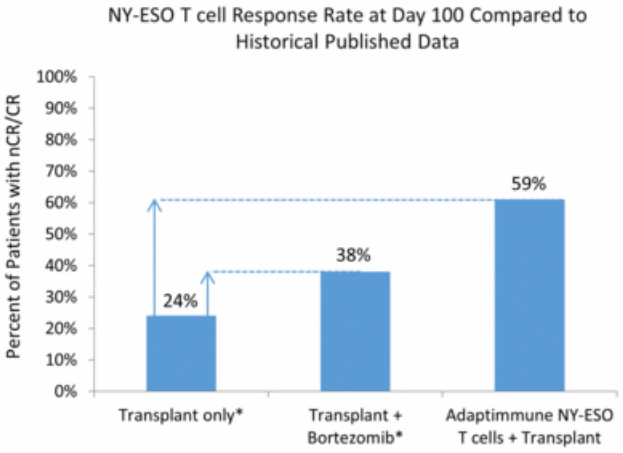
ADAP Phase I/II Study in Multiple Myeloma
Study Design



- 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

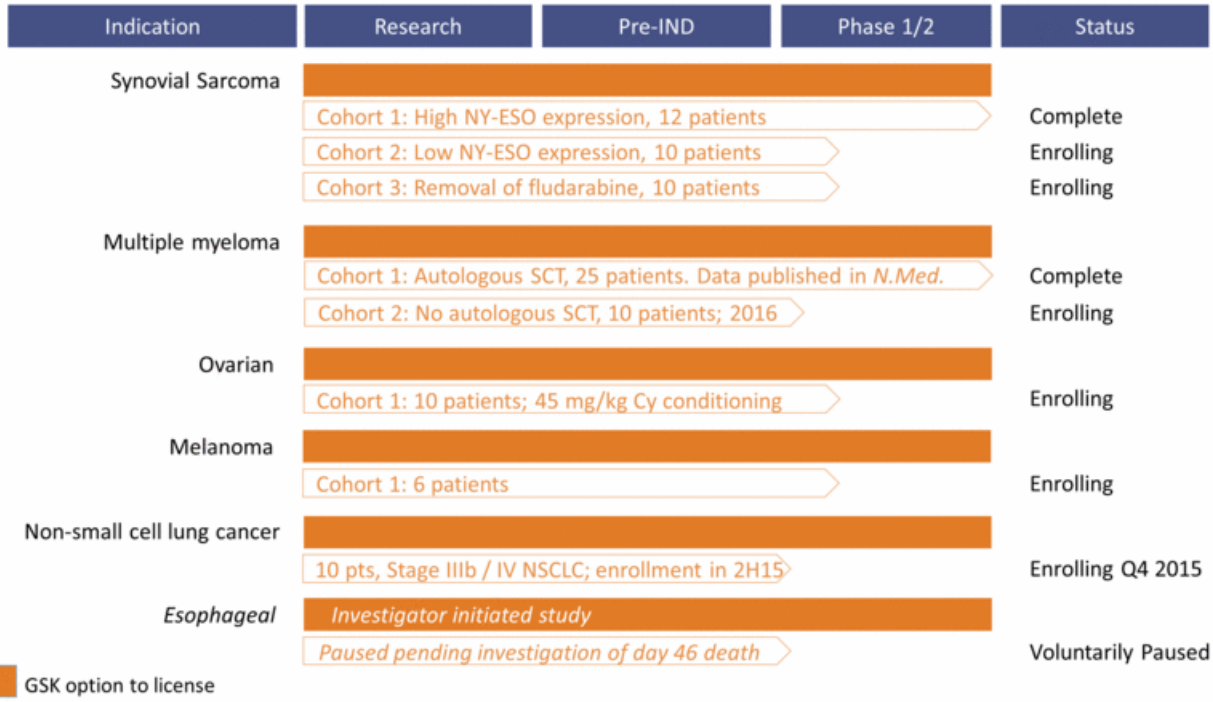
- Two year overall survival (OS) and progression free survival (PFS) as of November 2015
  - 16/25 patients remain alive; 8/25 remain in remission
  - Median PFS = 19.1 months
  - Median OS = 32.1 months
- Response rates
  - 91 percent (20/22) Overall Response Rate (VGPR/nCR/CR/PR)
  - 68 percent (15/22) VGPR or better
  - 59 percent (13/22) Complete Response Rate (nCR+CR+sCR)
- Early studies in relapsing tumor indicate upregulation of PDL-1



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

- Generally well tolerated; indicative of a favorable risk:benefit profile
- 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
- Infused cells remain functional, without exhaustion, and include a diversity of phenotypes

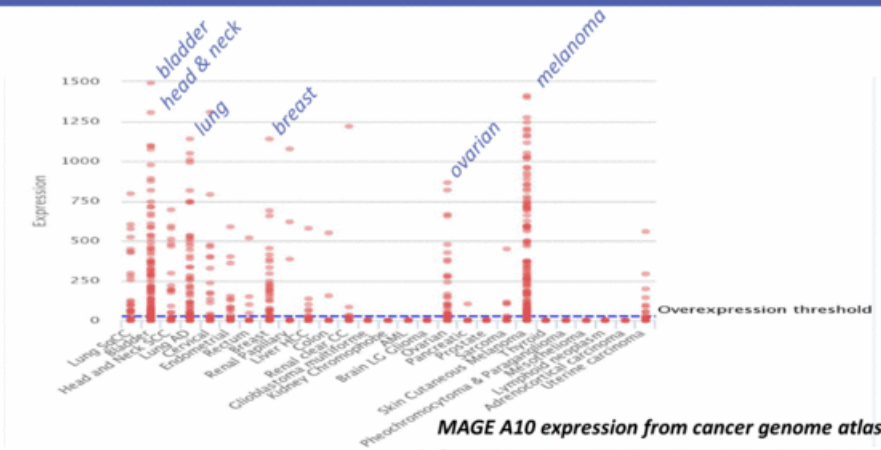
ADAP Pipeline: Next Steps with NY-ESO



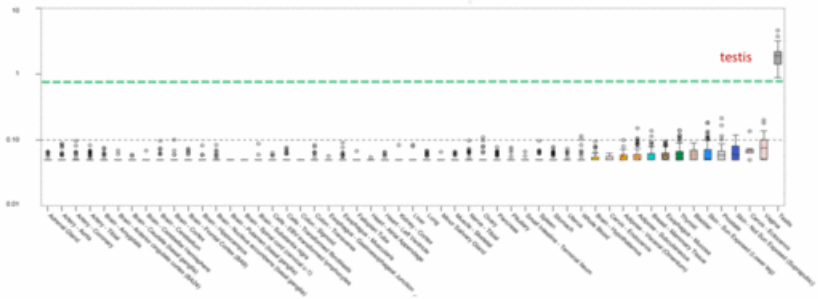
MAGE A10
Proprietary target

Adaptimmune
TRANSFORMING T CELL THERAPY

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

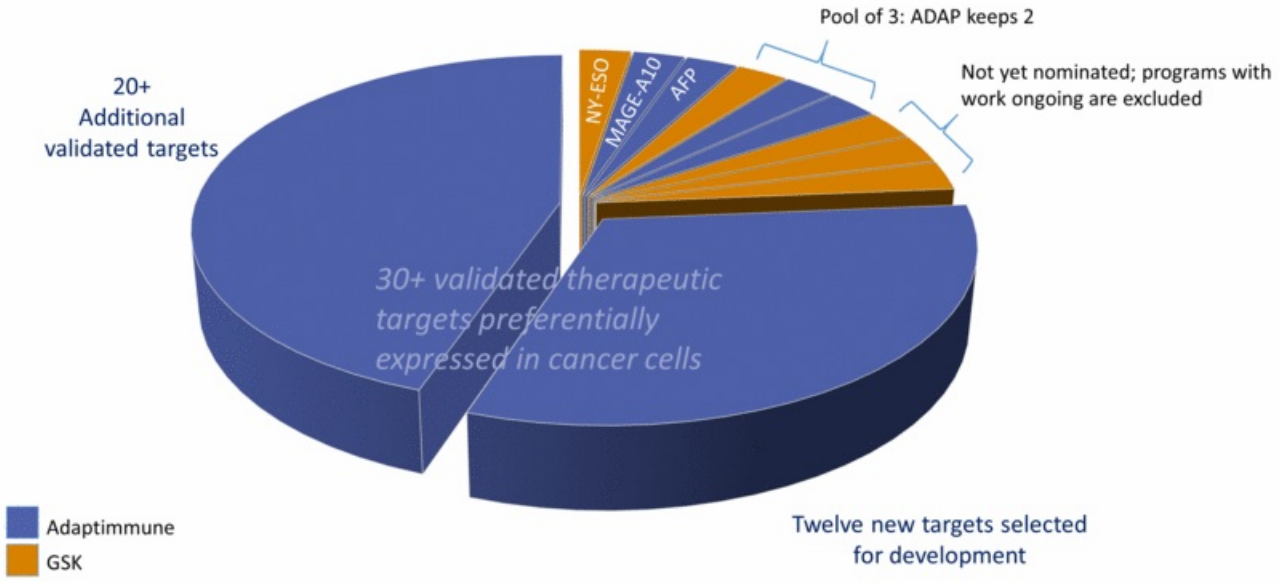
GSK Collaboration

Adaptimmune
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
☑	Q4 2015	Update on sarcoma and myeloma at SITC
❑	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

Investment Highlights

- Focused on affinity enhanced T-cell therapies for autologous T-cell therapeutics to treat cancer
- Lead clinical candidate targeting NY-ESO T: SITC 2015 data
  - Synovial sarcoma – In patients receiving target dose of $1x10^9$ cells: 60% RR; 90% remain alive and on long-term follow up
  - Multiple myeloma in ASCT setting – In patients with advanced stage disease:
    - 59% nCR/CR rate
    - Long-term persistence of cells up to 3+ years
- IND for next TCR program approved, patients enrolling late 2015 (MAGE A10)
- IND anticipated for AFP in 1H2016
- Strategic collaboration with GSK: up to $350 million in milestones over 7 years, initially focused on NY-ESO
- Cash plus asset investments at 30 June 2015 of $284m

Adaptimmune

Engineered TCR T cell therapy

Presentation Materials
November 2015

Adaptimmune
TRANSFORMING T CELL THERAPY