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 18, 2015, Adaptimmune Therapeutics plc (the "Company") released an updated corporate presentation which is available on the investors section of the Company's website. The updated corporate presentation materials are attached hereto as Exhibit 99.1 and are incorporated by reference herein. On November 12, 2015, the Company issued a press release announcing that on November 18, 2015, James Noble, the Company's Chief Executive Officer, will present at the Jefferies Autumn 2015 Global Healthcare Conference in London. The press release is attached as Exhibit 99.2 hereto and the presentation materials are attached as Exhibit 99.3 hereto and both exhibits are incorporated by reference herein. The information contained in Exhibits 99.1, 99.2 and 99.3 hereto shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such a filing.

Exhibits

99.1 Adaptimmune Therapeutics plc Presentation Materials dated November 2015

99.2 Press release dated November 12, 2015

99.3 Adaptimmune Therapeutics plc Presentation at Jefferies Autumn Global Healthcare Conference dated November 18, 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 18, 2015

Exhibit 99.1

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 : 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, initiating soon (MAGE A10)
- NIH RAC approval received for AFP – IND in 1H2016
- Strategic collaboration with GSK: up to $350 million in milestones over 7 years, initially focused on NY-ESO
- Cash plus short-term deposits at 30 September 2015 of $271m

TCR Platform built up over 16 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

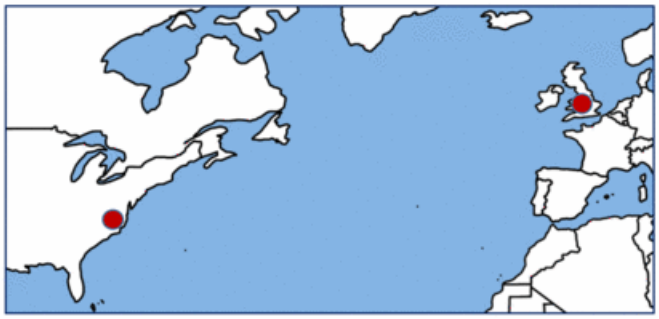
Strategic collaboration with GSK + $104m Series A Funding Round

2015

IPO on Nasdaq (ADAP)

Net proceeds ~$176m

PHILADELPHIA
(~50 FTEs)



OXFORD
(~150 FTEs)

Experienced Management Team and Board

Executive Management

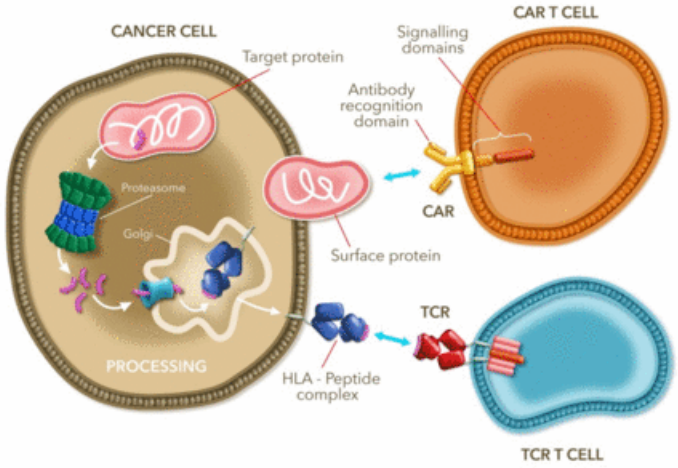
Name:	Title:	Experience:
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
Helen Tayton-Martin, PhD MBA	COO & Co-Founder	MediGene, PASTEUR, Avidex, MERIEUX, SANDOZ
Adrian Rawcliffe	CFO	gsk, SR·one
Rafael Amado, MD	CMO	gsk, AMGEN, Ucla
Gwen Binder-Scholl, PhD	EVP, Adaptimmune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

Board of Directors

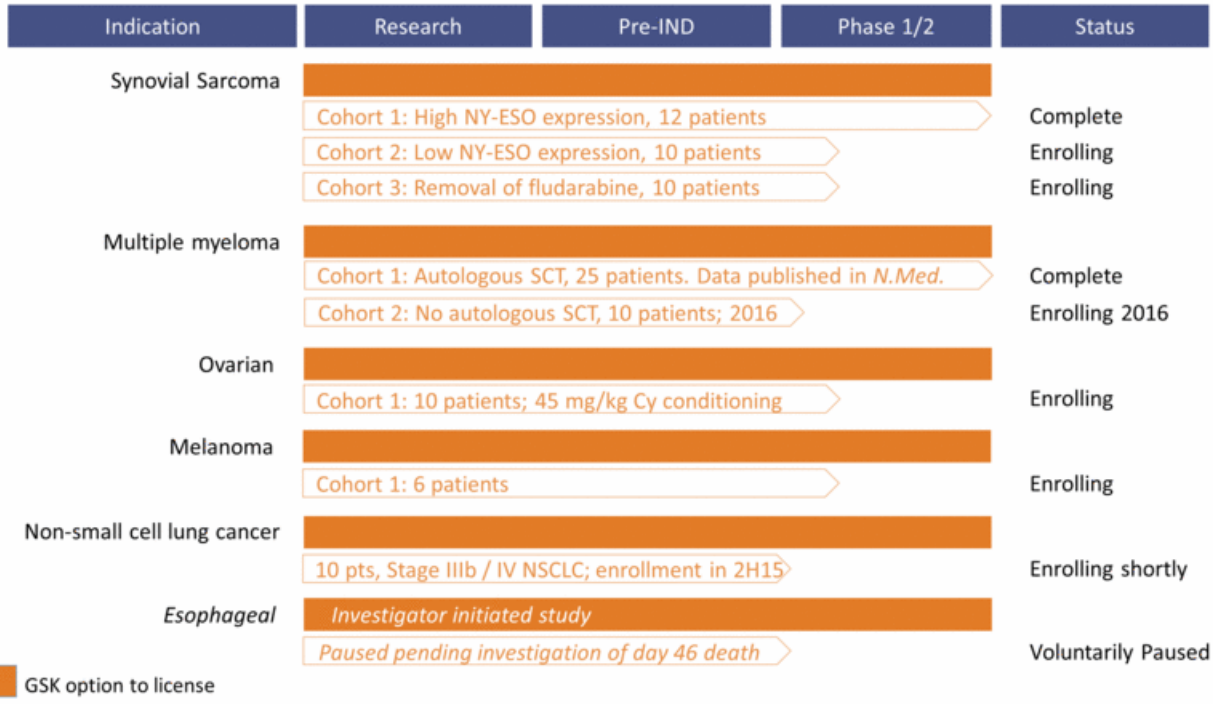
Name:	Affiliation:	Experience:
Jonathan Knowles, PhD, Chairman	Independent	Roche, GlaxoWellcome
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
David Mott	NEA	MedImmune, PROSENSA, Epizyme
Ali Behbahani, MD	NEA	nevro
Peter Thompson, MD	OrbiMed	TRUBION, CLEAVE BIOSCIENCES
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 shortly
	Basket study: Solid tumors			Enrollment in 2016
	Generation 2			IND 2017
AFP TCR	Hepatocellular cancer			
	NIH RAC approval received			IND planned 1H 2106
Research programs	12 undisclosed cancer targets			
	Research & Safety testing ongoing			INDs from 2017+
Validated targets	30 undisclosed cancer targets			

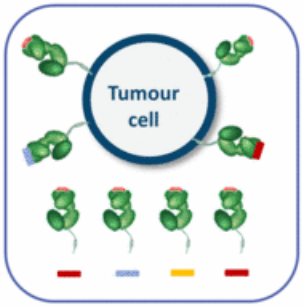
Adaptimmune

Platform and Differentiation

Adaptimmune
TRANSFORMING T CELL THERAPY

Finding the Right Targets

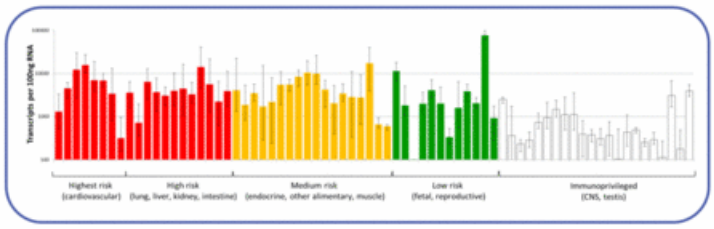
Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



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%

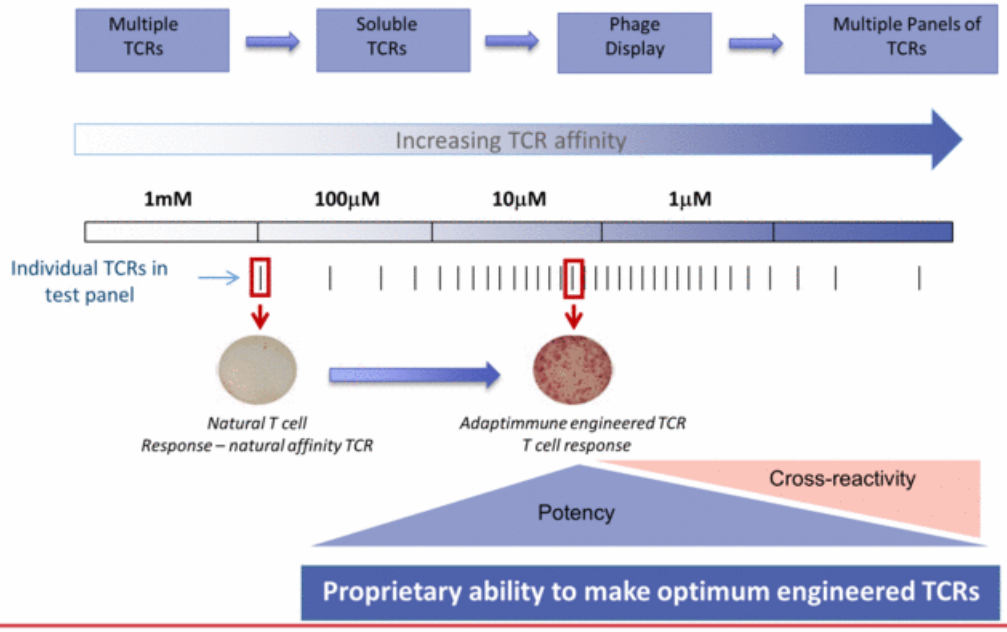


Only **low risk targets** selected for TCR programs

Over thirty validated targets and growing

Finding the Right TCR Affinity

Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing

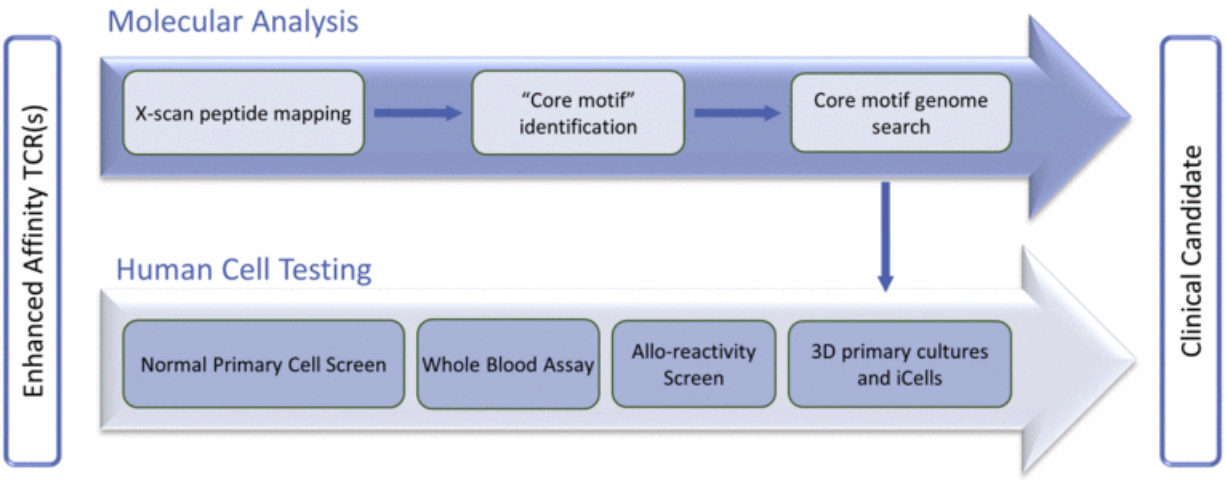


Proprietary ability to make optimum engineered TCRs

Proprietary Safety Testing

Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing

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

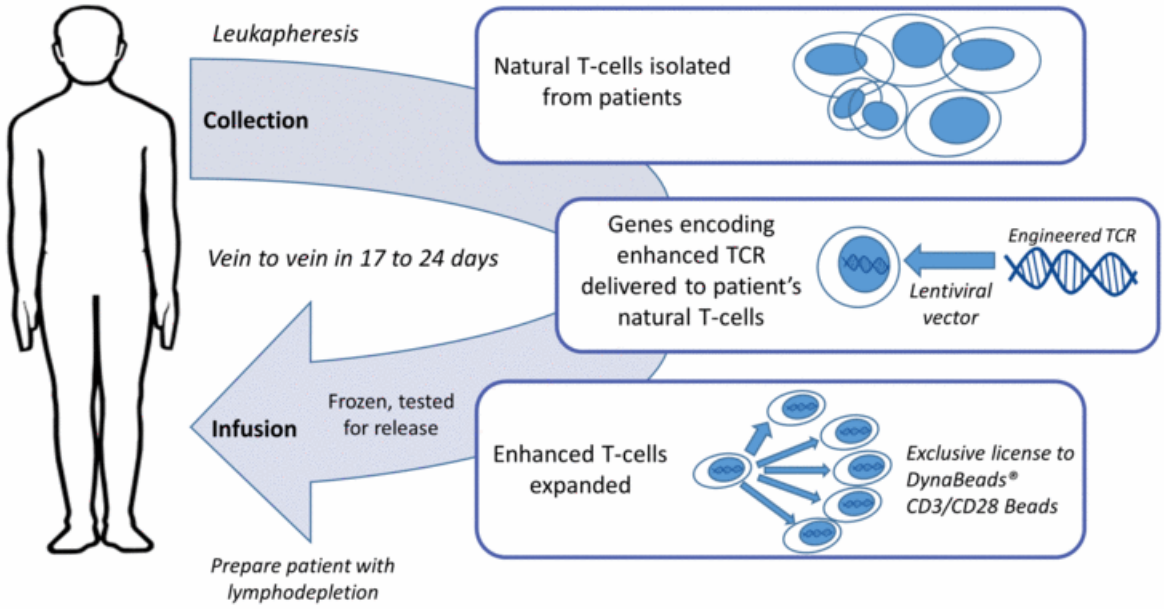


Systematic safety analysis of real/possible off-target activity

*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

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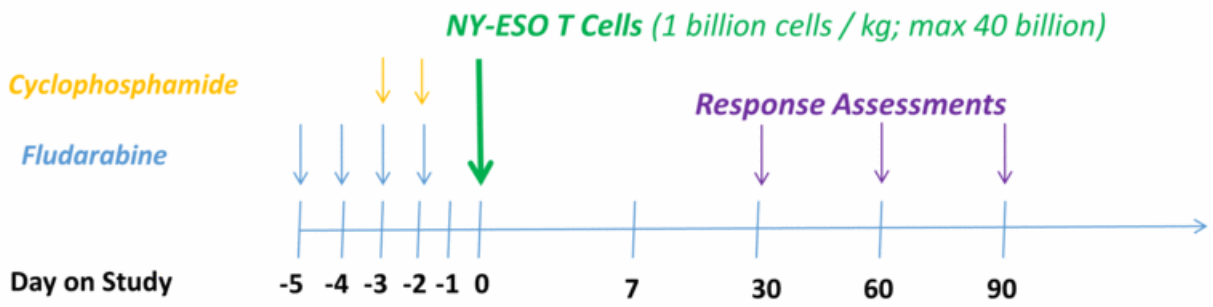
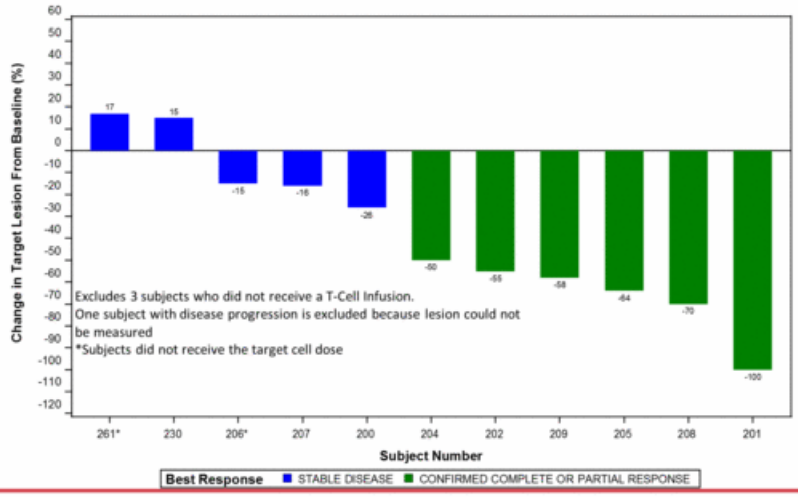
ADAP Phase I/II Study in Synovial Sarcoma



- 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 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) of patients who received target dose - are alive and on long term follow-up.

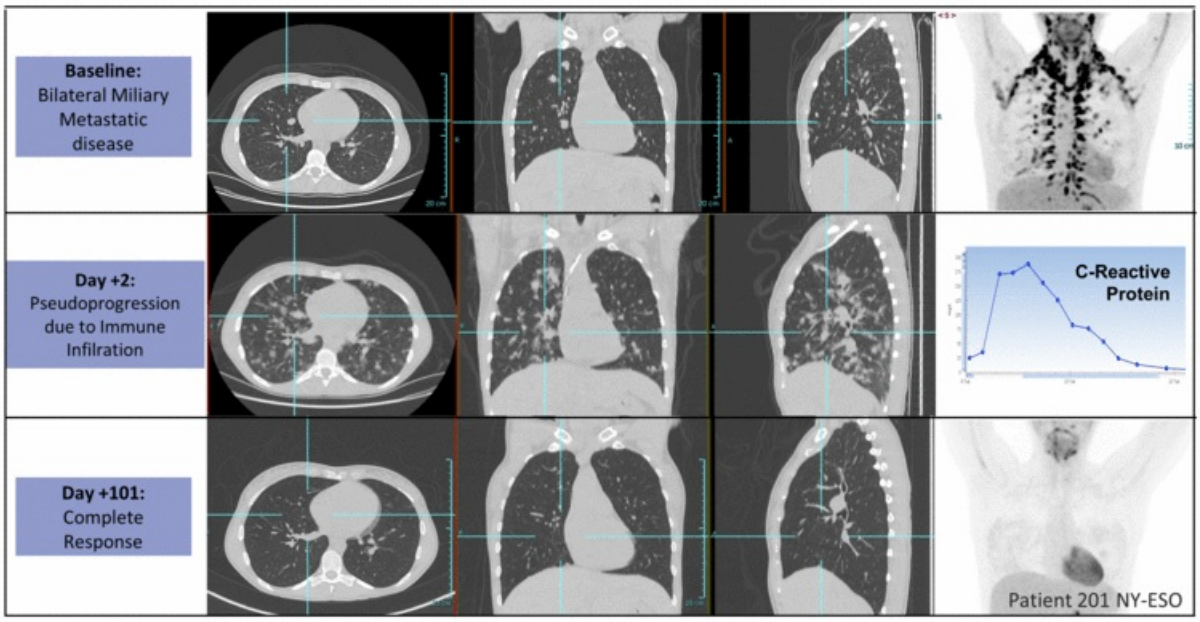


Synovial Sarcoma
Encouraging Response Rate, Tolerability and Persistence

- 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

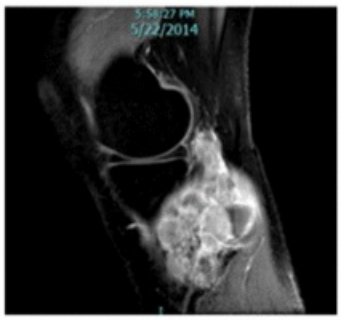
- ❑ Two new cohorts initiated
  - ❑ One cohort assessing low expressers
  - ❑ The other assessing removal of fludarabine
- ❑ Filing strategy being agreed with GSK
- ❑ Assessing studies in combination with checkpoint modulators

ADAP Phase I/II Study in Synovial Sarcoma
Radiographic Pseudoprogression and Response of Lung Metastases

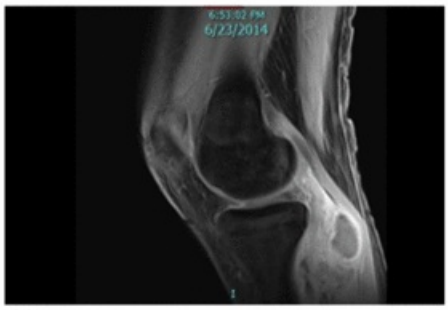


AACR April 2015

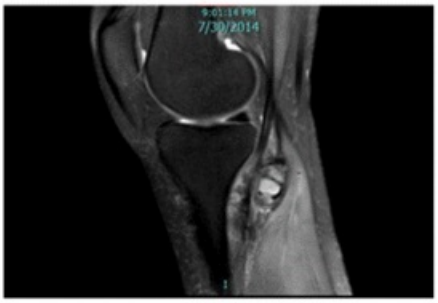
ADAP Phase I/II Study in Synovial Sarcoma
Partial Response Followed by Tumor Resection in Sarcoma



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

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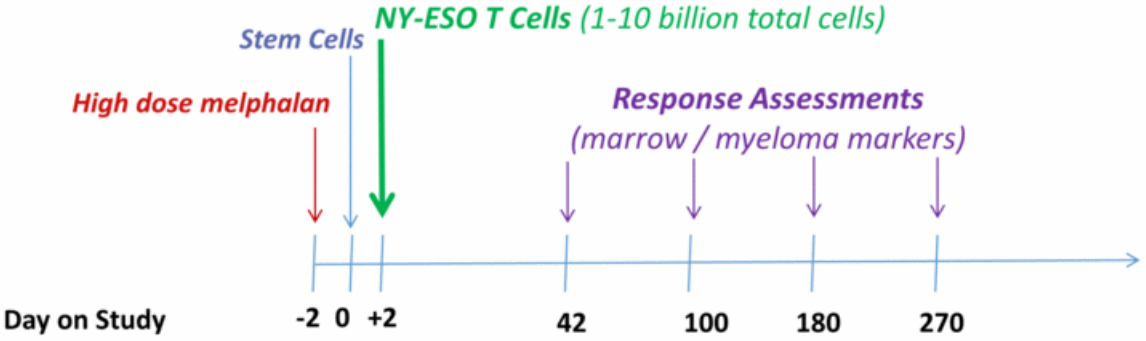
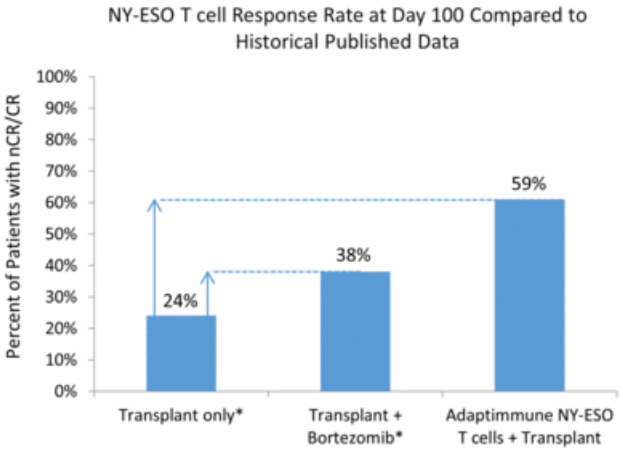
ADAP Phase I/II Study in Multiple Myeloma
Study Design



- 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

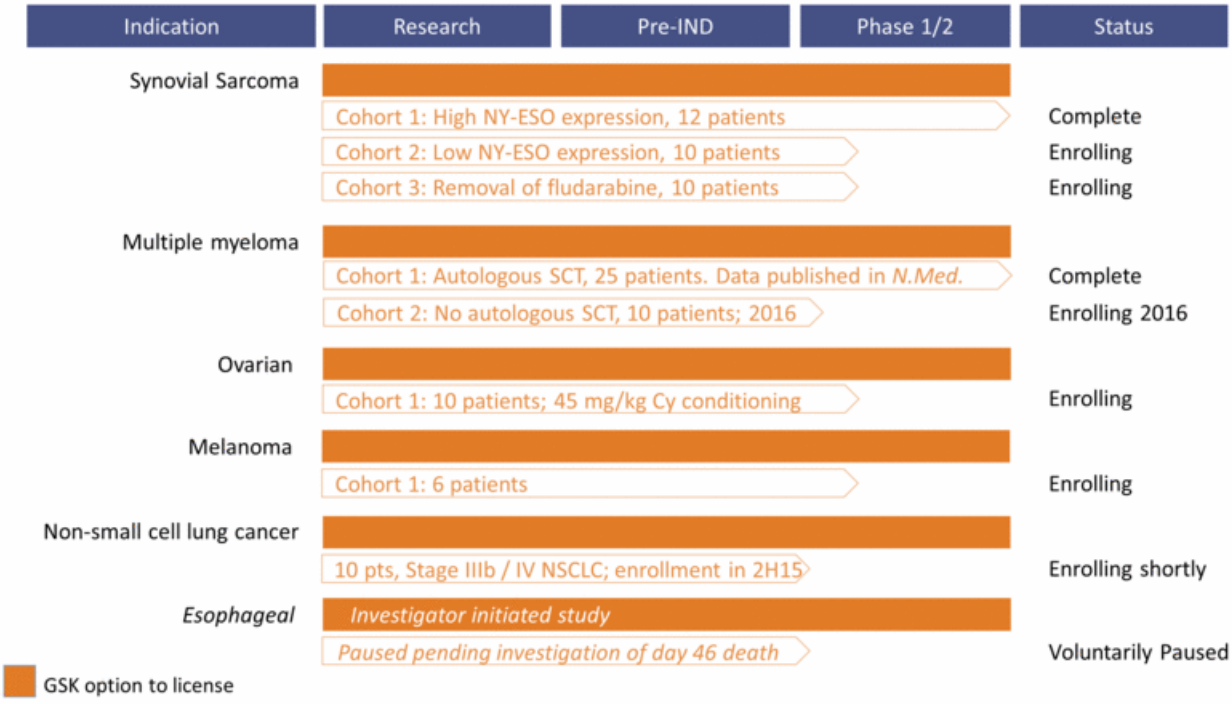
- Two year overall survival (OS) and progression free survival (PFS) as of November 2015
  - 16/25 patients remain alive; 8/25 remain in remission
  - Median PFS = 19.1 months
  - Median OS = 32.1 months
- Response rates
  - 91 percent (20/22) Overall Response Rate (VGPR/nCR/CR/PR)
  - 68 percent (15/22) 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

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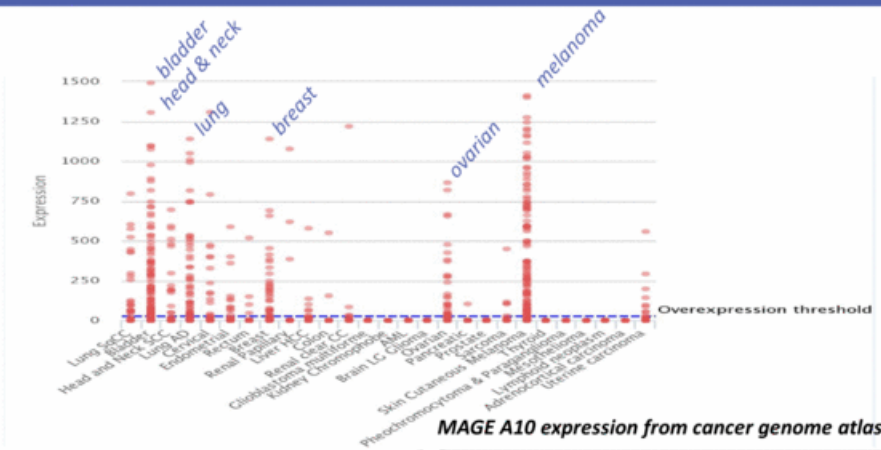
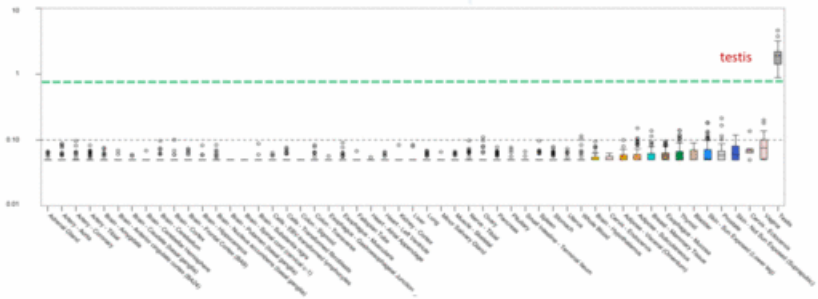
MAGE-A10 – A multi-cancer target



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 shortly
	Basket study: Solid tumors			Enrollment in 2016
	Generation 2			IND 2017
AFP TCR	Hepatocellular cancer			
	NIH RAC approval received			IND planned 1H 2016
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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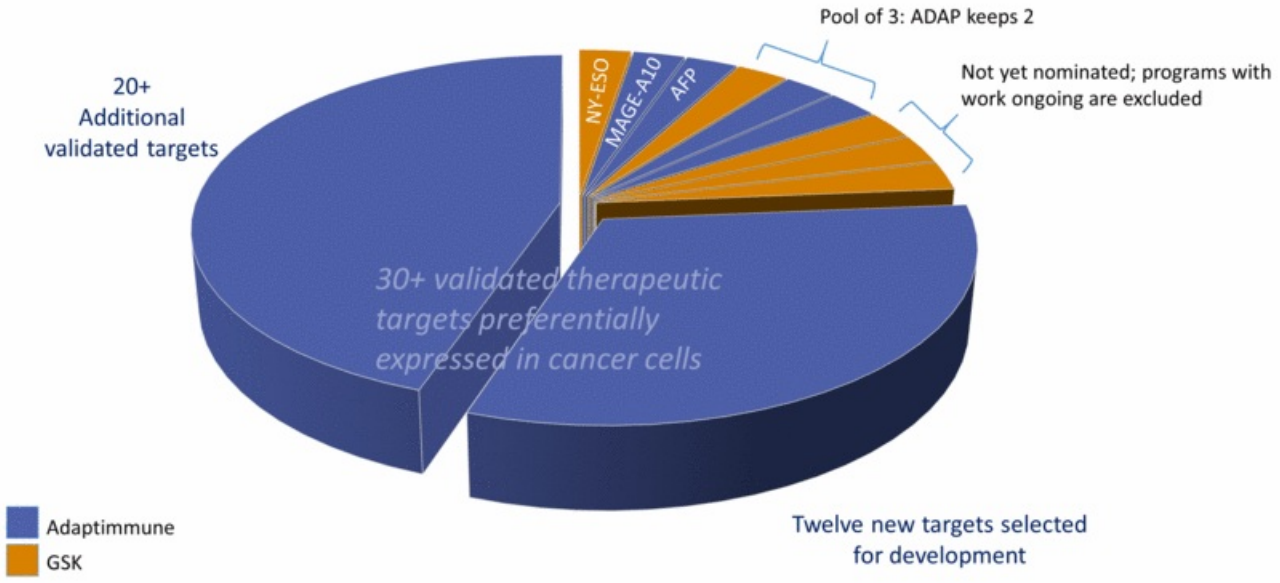
The GSK Strategic Collaboration

- 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, AFP or the designated targets in our 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 : 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:
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- Cash plus short-term deposits at 30 September 2015 of $271m

Adaptimmune

Engineered TCR T cell therapy

Presentation Materials
November 2015

Adaptimmune
TRANSFORMING T CELL THERAPY

Exhibit 99.2

Adaptimmune to Participate in the Jefferies Autumn 2015 Global Healthcare Conference

PHILADELPHIA, Pa. and OXFORD, UK., November 12, 2015 — Adaptimmune Therapeutics plc (Nasdaq: ADAP), a leader in the use of T-cell therapy to treat cancer, today announced that James Noble, Chief Executive Officer of Adaptimmune, will present at the Jefferies Autumn 2015 Global Healthcare Conference at 11:20 AM GMT (6:20 AM EST) on Wednesday, November 18, 2015. The conference is being held at the Mayfair Hotel in London, UK.

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.

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 October 31, 2015, 86 patients had been treated with Adaptimmune's NY-ESO affinity enhanced T-cell therapy: 48 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-A10, is scheduled to enter the clinic shortly. 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

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Adaptimmune

Engineered TCR T cell therapy

Jefferies Autumn Global Healthcare Conference
18th 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 : 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, initiating soon (MAGE A10)
- NIH RAC approval received for AFP – IND in 1H2016
- Strategic collaboration with GSK: up to $350 million in milestones over 7 years, initially focused on NY-ESO
- Cash plus short-term deposits at 30 September 2015 of $271m

TCR Platform built up over 16 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

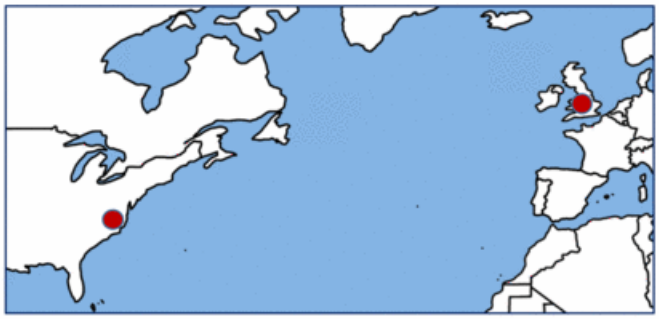
2014

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

2015

IPO on Nasdaq (ADAP)

Net proceeds ~$176m



PHILADELPHIA
(~50 FTEs)

OXFORD
(~150 FTEs)

Experienced Management Team and Board

Executive Management

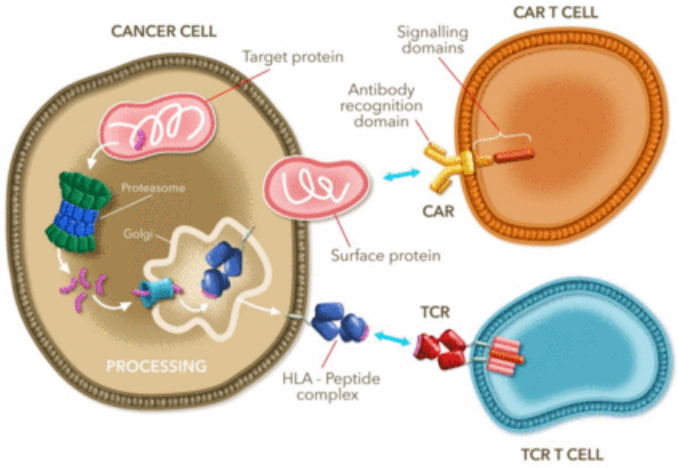
Name:	Title:	Experience:
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
Helen Tayton-Martin, PhD MBA	COO & Co-Founder	MediGene, PASTEUR, Avidex, MERIEUX, SANDOZ
Adrian Rawcliffe	CFO	gsk, SR·one
Rafael Amado, MD	CMO	gsk, AMGEN, Ucla
Gwen Binder-Scholl, PhD	EVP, Adaptimmune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

Board of Directors

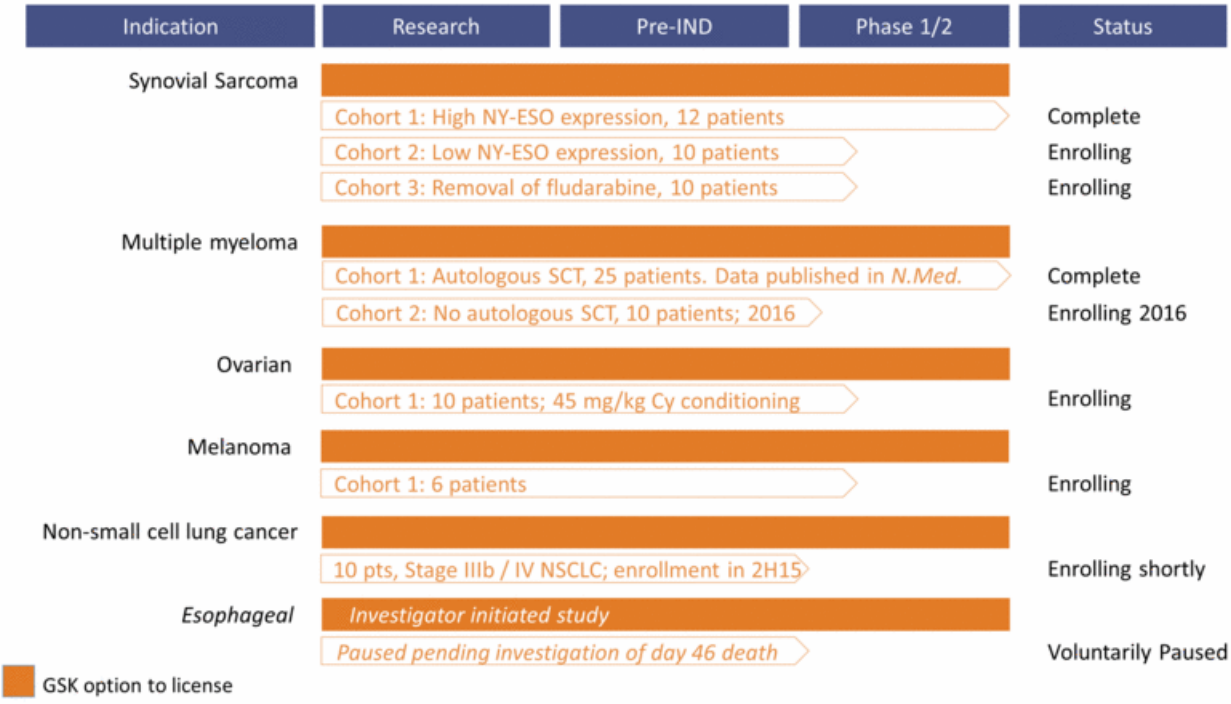
Name:	Affiliation:	Experience:
Jonathan Knowles, PhD, Chairman	Independent	Roche, GlaxoWellcome
James Noble, MA, FCA	CEO & Co-Founder	GW, CuraGen Corporation, MediGene, IMMUNOCORE
David Mott	NEA	MedImmune, PROSENSA, Epizyme
Ali Behbahani, MD	NEA	nevro
Peter Thompson, MD	OrbiMed	TRUBION, CLEAVE BIOSCIENCES
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 shortly
	Basket study: Solid tumors			Enrollment in 2016
	Generation 2			IND 2017
AFP TCR	Hepatocellular cancer			
	NIH RAC approval received			IND planned 1H 2106
Research programs	12 undisclosed cancer targets			
	Research & Safety testing ongoing			INDs from 2017+
Validated targets	30 undisclosed cancer targets			

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Platform and Differentiation

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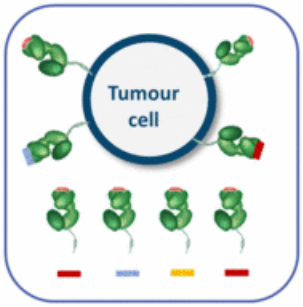
Finding the Right Targets

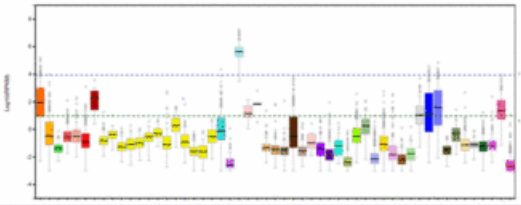
Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



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%

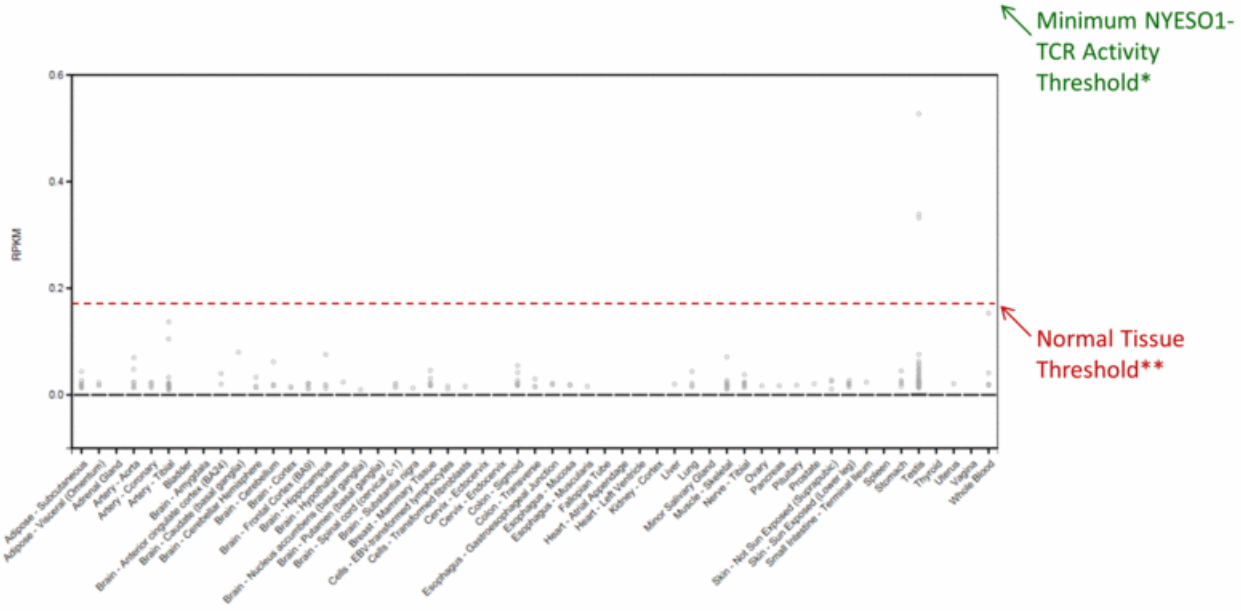


Only **low risk targets** selected for TCR programs

Over thirty validated targets and growing

NY-ESO 1 expression in Normal Tissues

- Expression is low/absent in most adult non-reproductive tissues

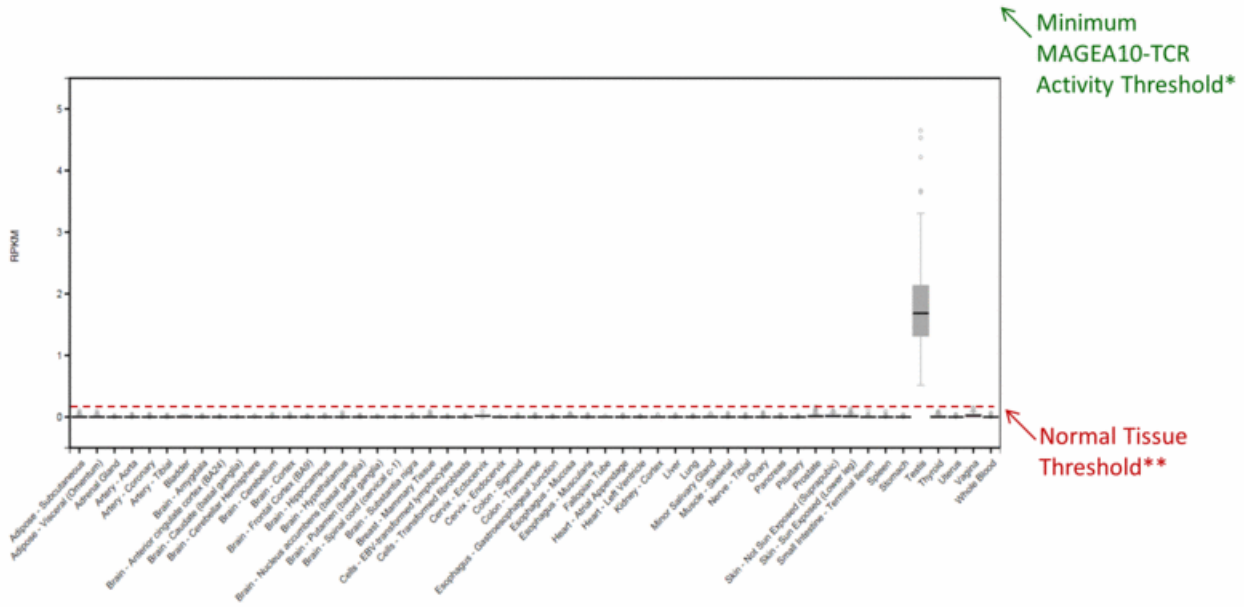


* = Level of expression of antigen required to be recognized by that specific TCR

** = Highest level of expression of antigen in non-reproductive normal tissues

MAGE-A10 expression in Normal Tissues

- Expression is low/absent in most adult non-reproductive tissues

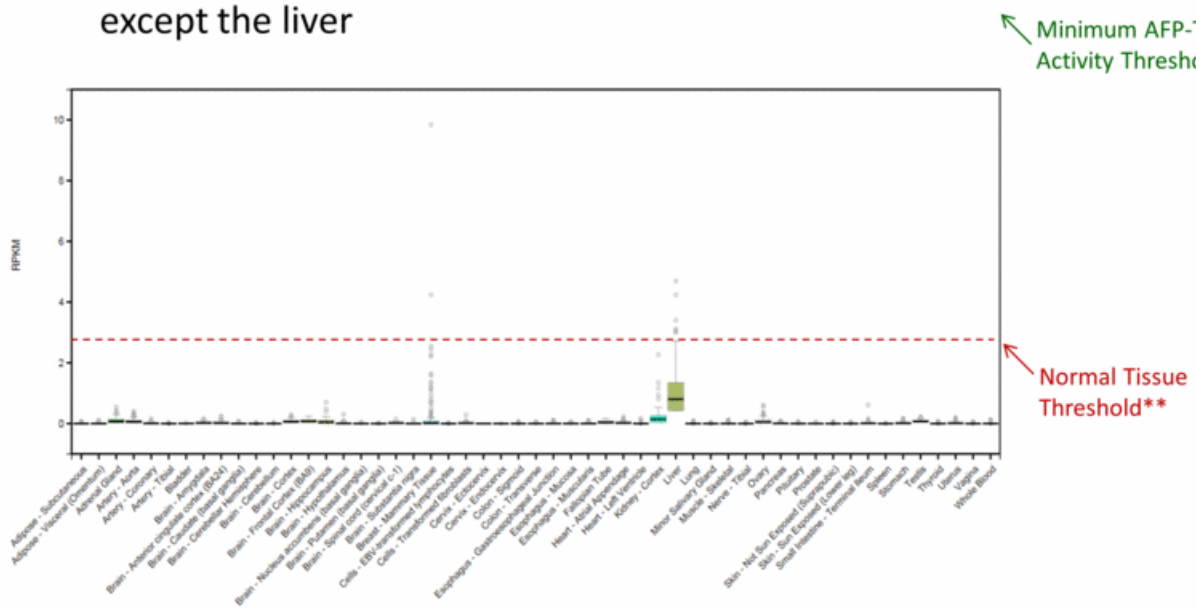


* = Level of expression of antigen required to be recognized by that specific TCR

** = Highest level of expression of antigen in non-reproductive normal tissues

AFP expression in Normal Tissues

- Expression is low/absent in most adult non-reproductive tissues except the liver

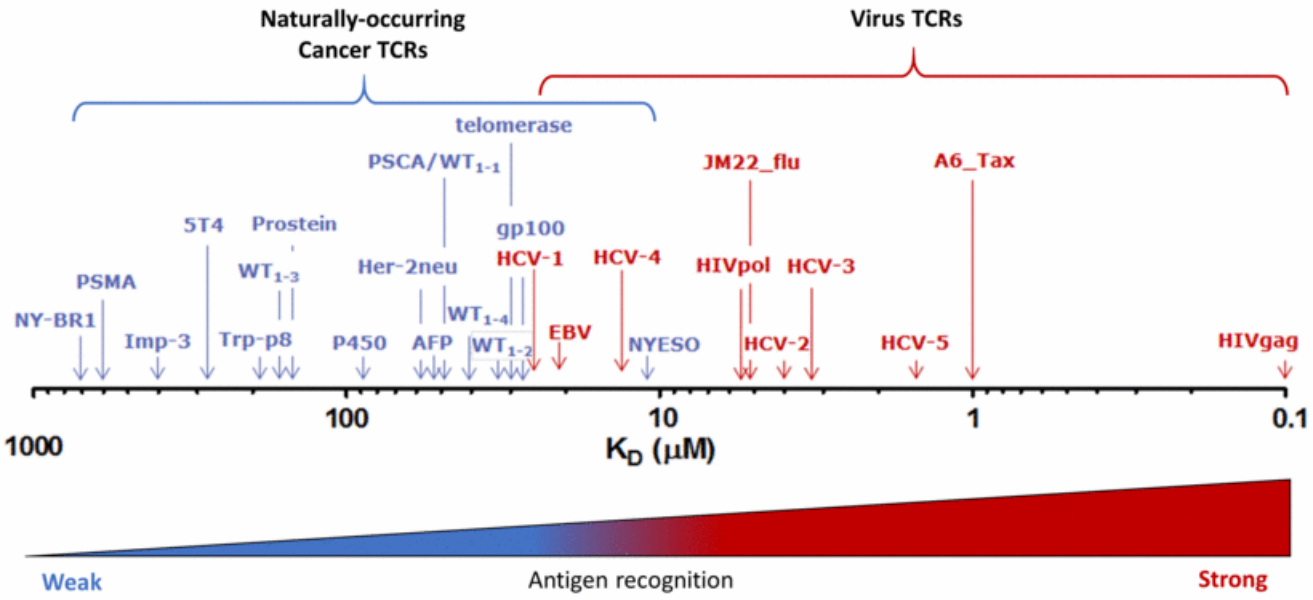


* = Level of expression of antigen required to be recognized by that specific TCR

** = Highest level of expression of antigen in non-reproductive normal tissues

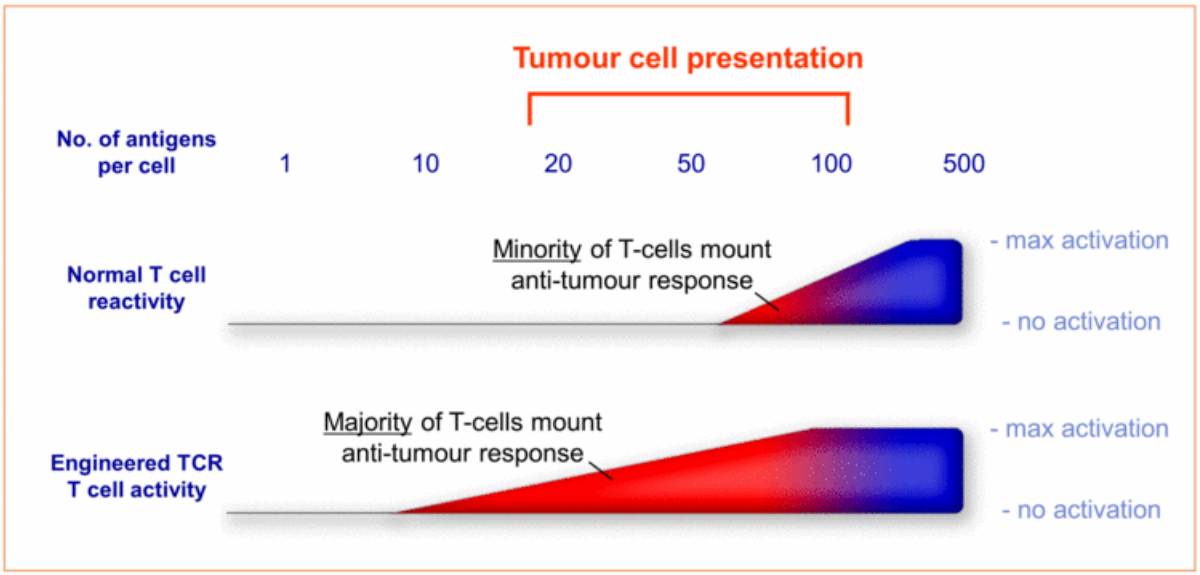
Natural Cancer Targeting TCRs Have Very Low Natural Affinity

- Viral TCRs have higher affinity than cancer TCRs and give better immune responses



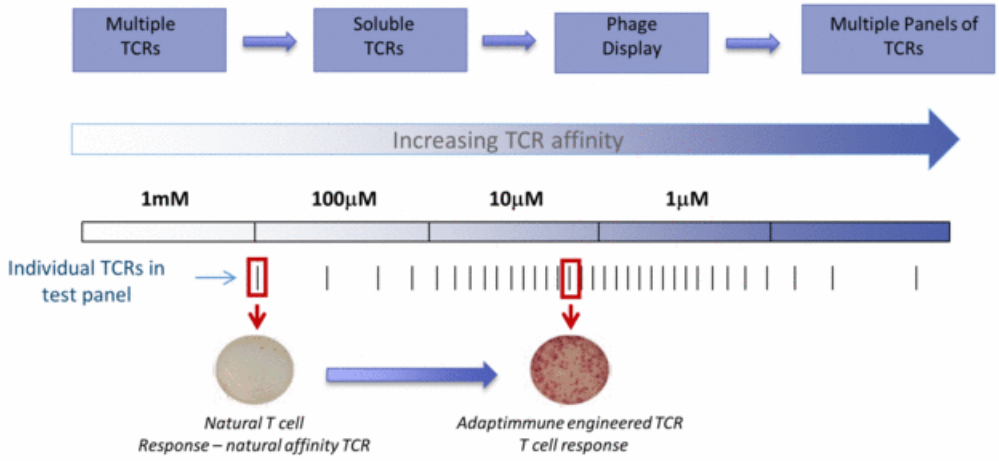
Aleksic, M. et al. (2012). Eur J Immunol 10.1002/eji.201242606

Sensitivity of natural T cells vs TCR Engineered cells to cancer

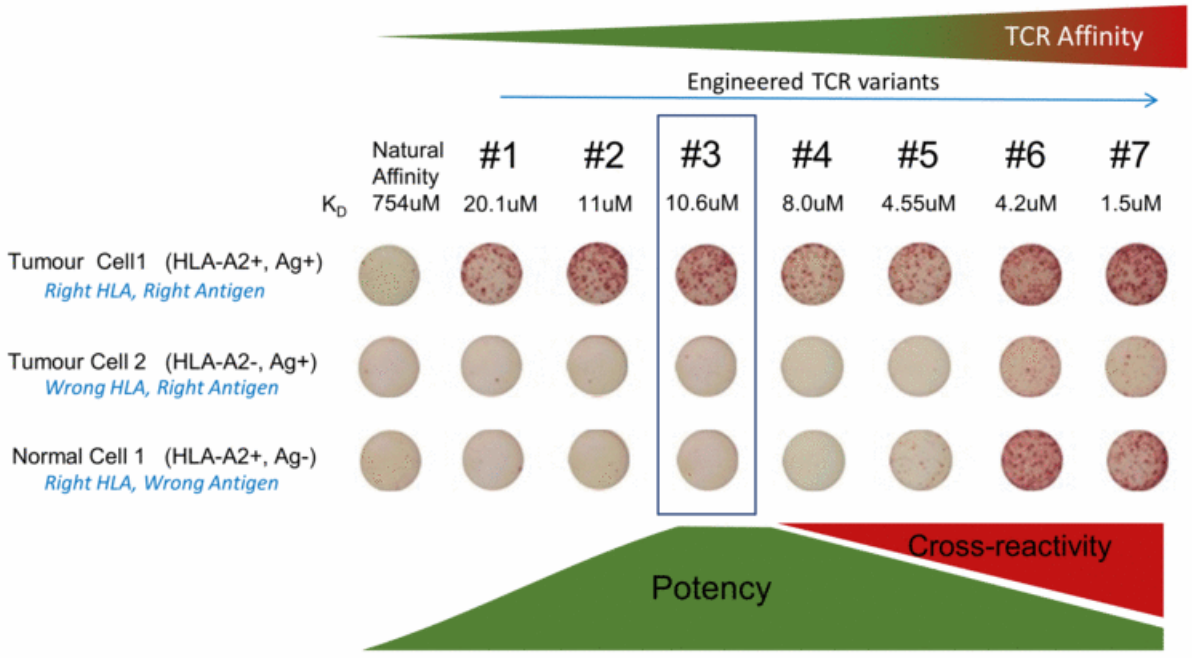


Achieving higher Affinity

Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



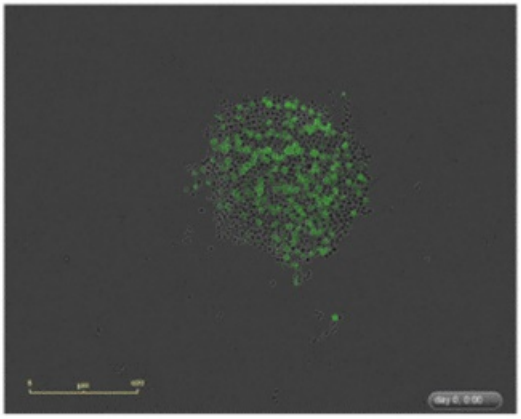
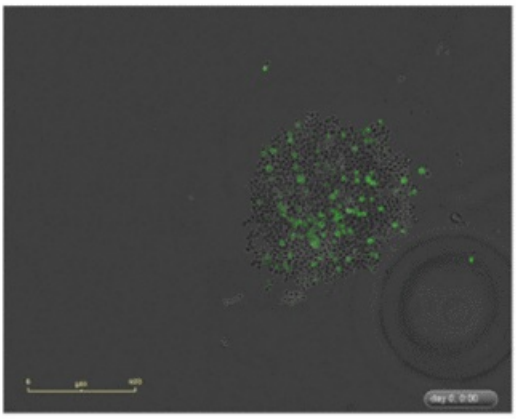
Proprietary platform enables engineering for maximum potency and specificity



#3: Potent and specific

Proprietary platform enables engineering for potency and specificity

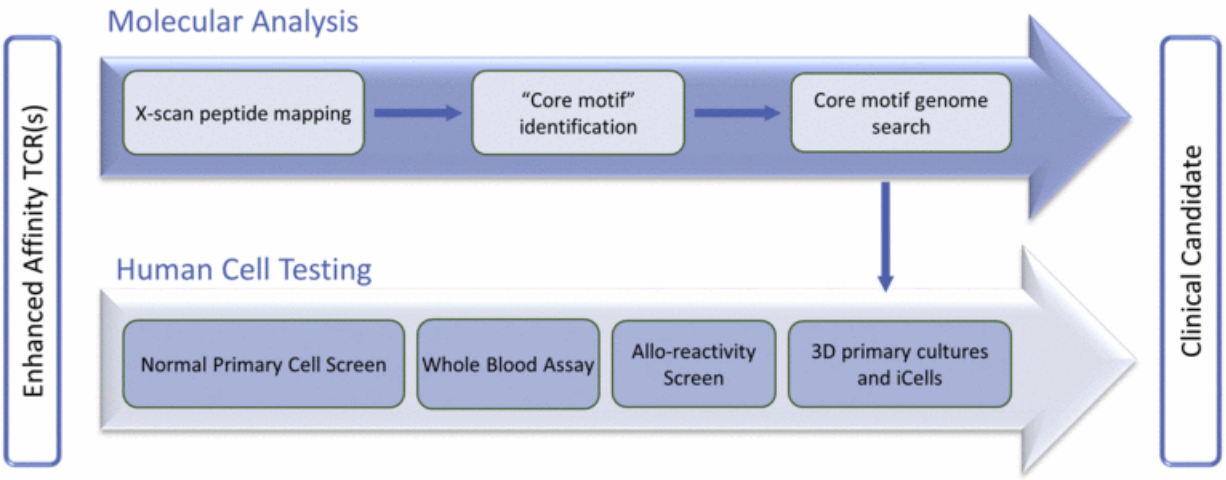
MAGE-A10 TCR T cell killing of 3D micro-tissues

T cells without ADT TCR vs A375 melanoma (MAGE-A10 positive)	T cells with MAGE-A10 ADT TCR vs A375 melanoma (MAGE-A10 positive)
	

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)

Alanine Scanning – Molecular Recognition - MAGE-A3

MAGE-A3 Peptide: EVDPIGHLY

Alanine Scan:	TCR Binding	Critical amino acids	Core motif for TCR recognition
p1 p2 p3 p4 p5 p6 p7 p8 p9			
AVDPIGHLY	X	E	→ E
EADPIGHLY	✓		X
EVAPIGHLY	X	D	→ D
EVDAIGHLY	X	P	→ P
EVDPAGHLY	X	I	→ I
EVDPIAHLY	✓		X
EVDPIGALY	✓		X
EVDPIGHAY	✓		X
EVDPIGHLA	X	Y	→ Y

- Alanine scanning now enhanced to include "X-scanning" (substituting every AA at each point)

Cameron B., et al. (2013). Science Translational Medicine

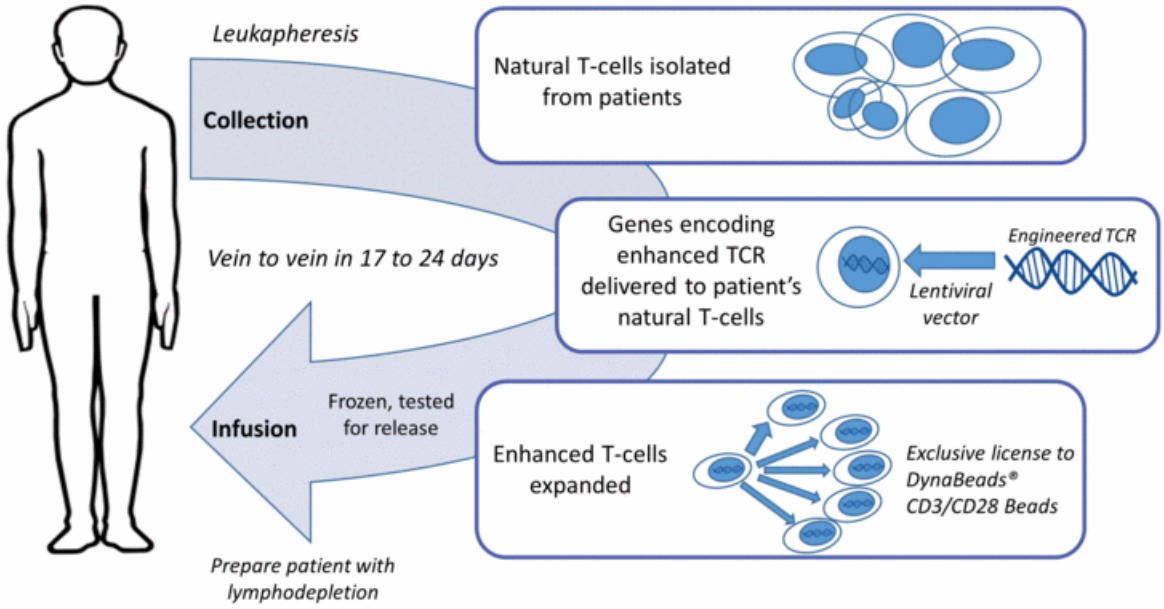
Core Motif Genome "BLAST" search identified Titin

EXDPIXXXY	Protein
EKDPISDSY	Clostridium novyi
ELDPIYRKY	Clostridium perfringens
EKDPIKENY	Clostridium difficile
ENDPIINCY	Clostridium perfringens
EKDPIDTSY	Clostridium tetani
EQDPIYRKY	Deinococcus radiodurans
EGDPILWWY	Desulfotalea psychrophila
EIDPINGGY	Dictyostelium discoideum (Slime mold)
EFDPIYPSY	Epstein-Barr virus
EIDPISDPY	Finegoldia magna
EVDPIPHNY	Geobacillus kaustophilus
EVDPIQESY	Halothermothrix orenii
EVDPIGHLY	Homo sapiens (Human) MAGE A3
EVDPIGHVY	Homo sapiens (Human) MAGE A6
EVDPIRHYY	Homo sapiens (Human) MAGE B18
ESDPIVAQY	**Homo sapiens (Human) Titin. multiple isoforms**
EPDPILDNY	Homo sapiens (Human), Mus musculus (Mouse) Protein Dos.
EKDPIMNDY	Invertebrate iridescent virus
EKDPILERY	Kluyveromyces lactis
EPDPIPQAY	Lactobacillus plantarum, Lactobacillus reuteri
EPDPIPEAY	Leuconostoc citreum

Only mammalian "hits"

Proprietary Process for Manufacturing

Validated Targets → Engineered TCRs → Safety Testing → Robust Manufacturing



NY-ESO in Synovial Sarcoma

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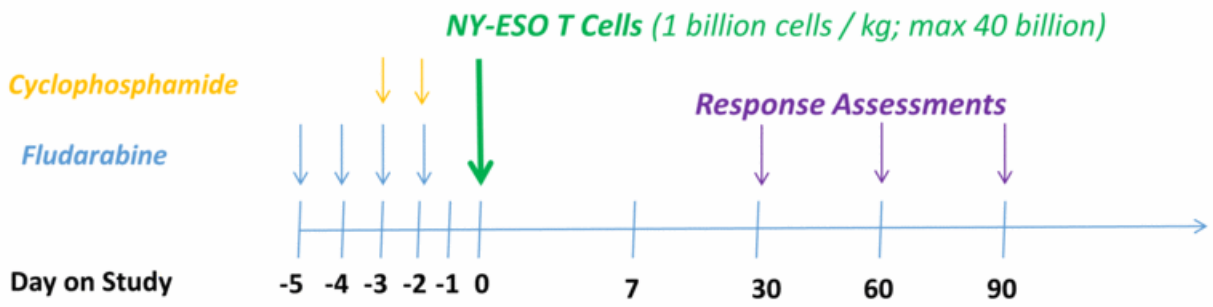
ADAP Phase I/II Study in Synovial Sarcoma

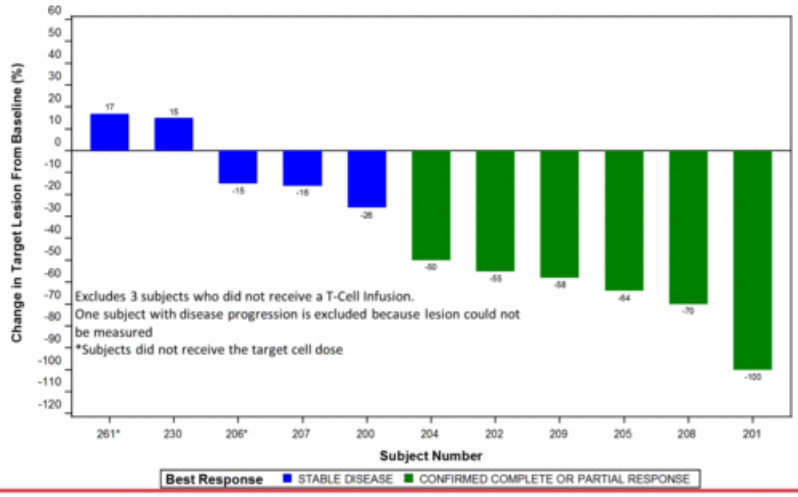


- Generally incurable; 75% to 80% of patients do not survive past two to three years
- First line therapy: radiotherapy and chemotherapy, surgical resection where possible
- Study Design:
  - Multicenter pilot study in 12 patients, objectives:
    - Determine the response rate following NY-ESO-1 specific 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

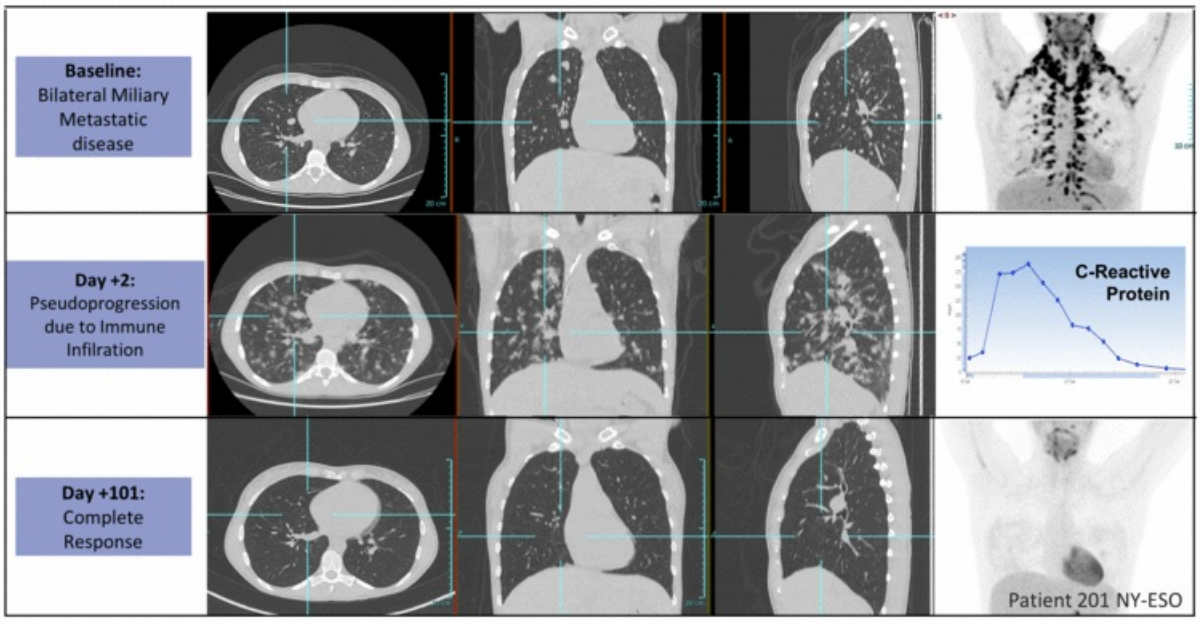
Encouraging Response Rate, Tolerability and Persistence

- 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

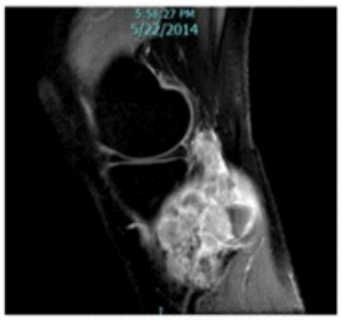
ADAP Phase I/II Study in Synovial Sarcoma

Radiographic Pseudoprogression and Response of Lung Metastases

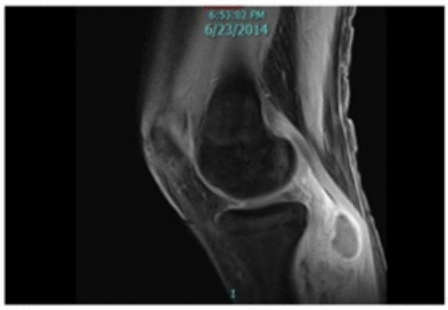


AACR April 2015

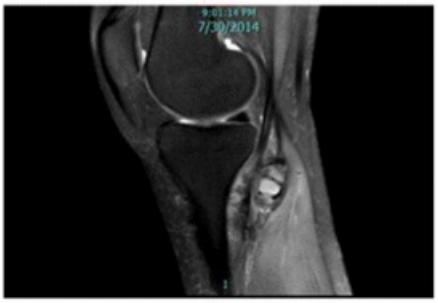
ADAP Phase I/II Study in Synovial Sarcoma
Partial Response Followed by Tumor Resection in Sarcoma



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

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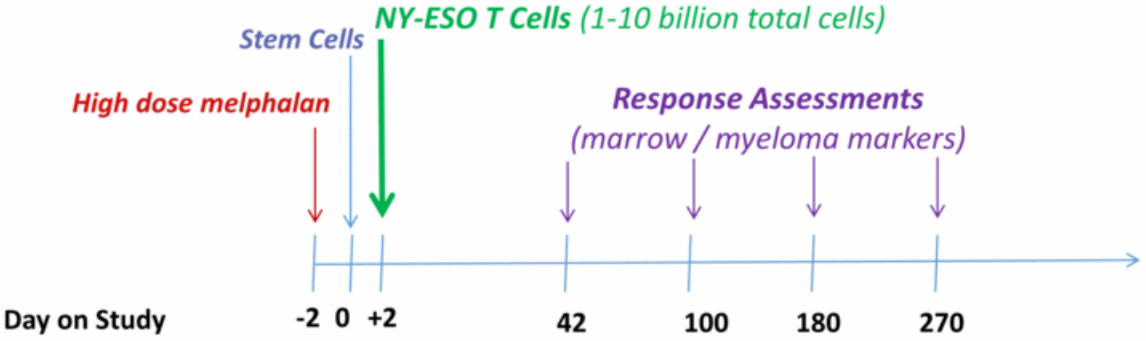
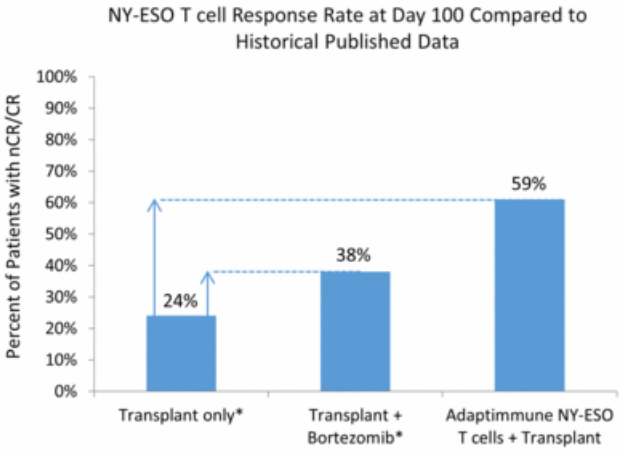
ADAP Phase I/II Study in Multiple Myeloma
Study Design



- 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

MAGE-A10
Proprietary target

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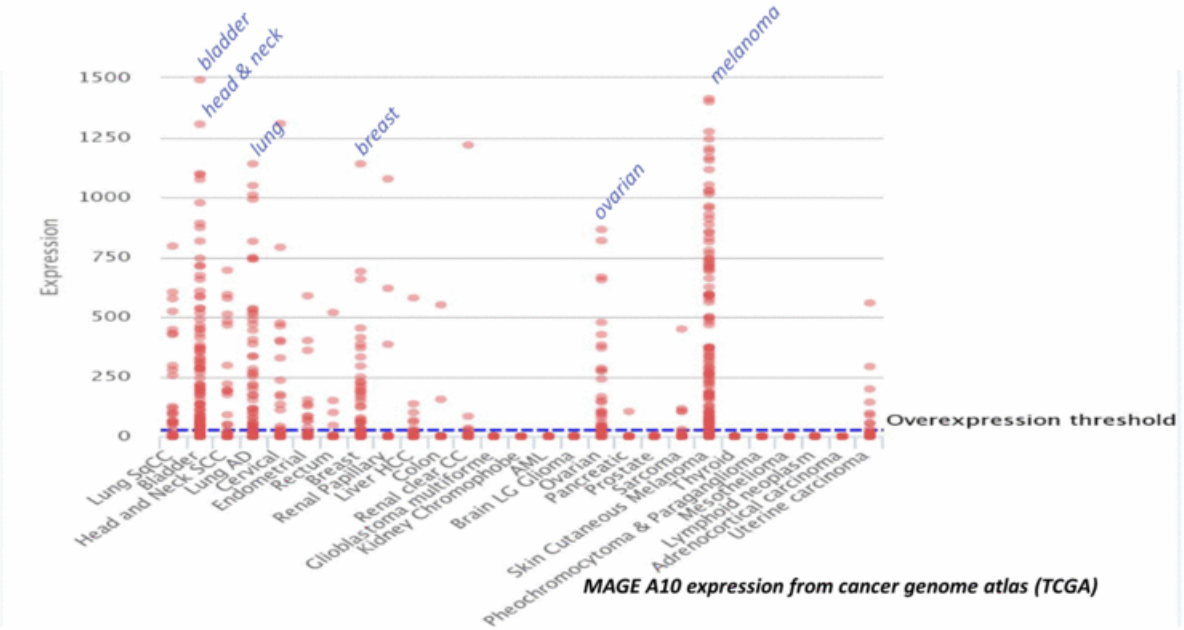
MAGE-A10 – A multi-cancer target



MAGE A10 expression from cancer genome atlas (TCGA)

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

IND for MAGE-A10 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

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	IND open			Enrollment shortly
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	Generation 2			IND 2017
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	NIH RAC approval received			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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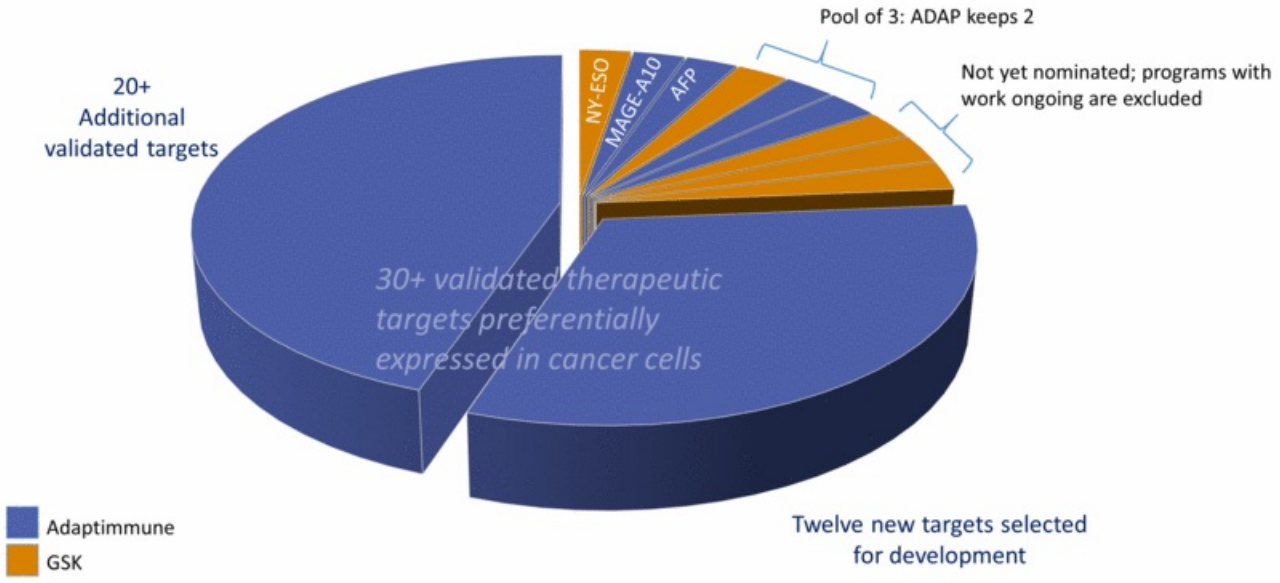
The GSK Strategic Collaboration

- 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, AFP or the designated targets in our 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

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- Lead clinical candidate targeting NY-ESO : 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, initiating soon (MAGE A10)
- NIH RAC approval received for AFP – IND in 1H2016
- Strategic collaboration with GSK: up to $350 million in milestones over 7 years, initially focused on NY-ESO
- Cash plus short-term deposits at 30 September 2015 of $271m

Adaptimmune

Engineered TCR T cell therapy

Jefferies Autumn Global Healthcare Conference
18th November 2015

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TRANSFORMING T CELL THERAPY