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 December, 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 December 15, 2015, Adaptimmune Therapeutics plc released an updated corporate presentation. The updated corporate presentation materials are attached hereto as Exhibit 99.1 and are incorporated by reference herein.

Exhibits

99.1 Adaptimmune Therapeutics plc Presentation Materials dated December 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: December 15, 2015

Exhibit 99.1

Adaptimmune

Transforming T-cell Therapy

Presentation Materials
December 2015

Adaptimmune
TRANSFORMING T CELL THERAPY

Disclaimer

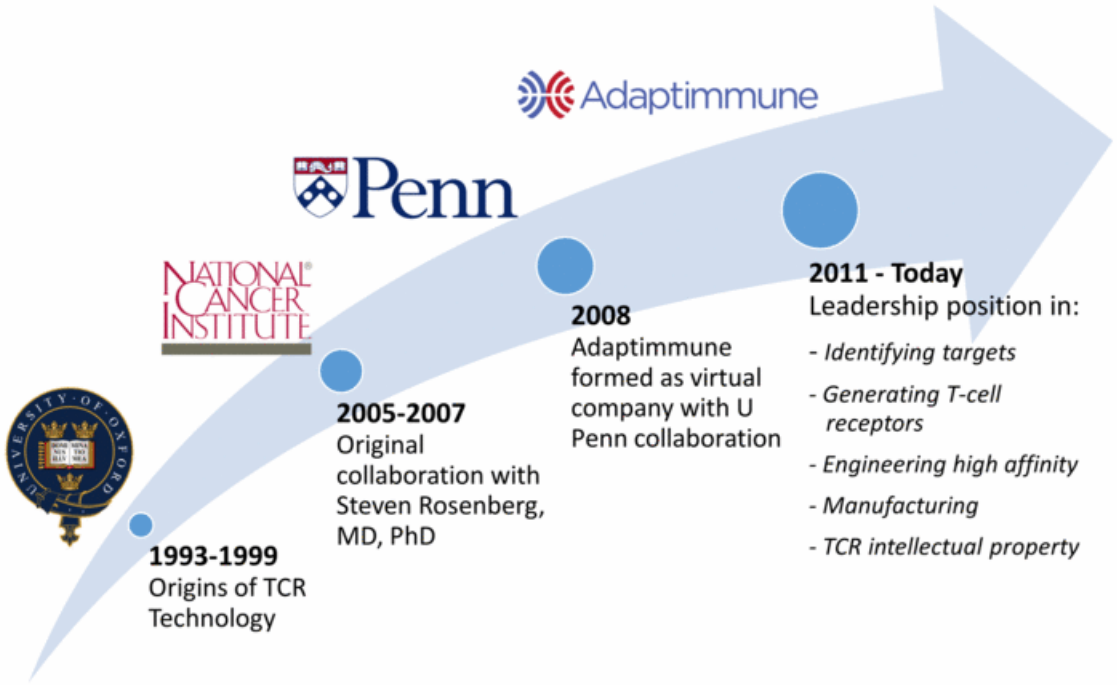
This presentation contains "forward-looking statements," as that term is defined under the Private Securities Litigation Reform Act of 1995 (PSLRA), which statements may be identified by words such as "believe," "may", "will," "estimate," "continue," "anticipate," "intend," "expect" and other words of 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.

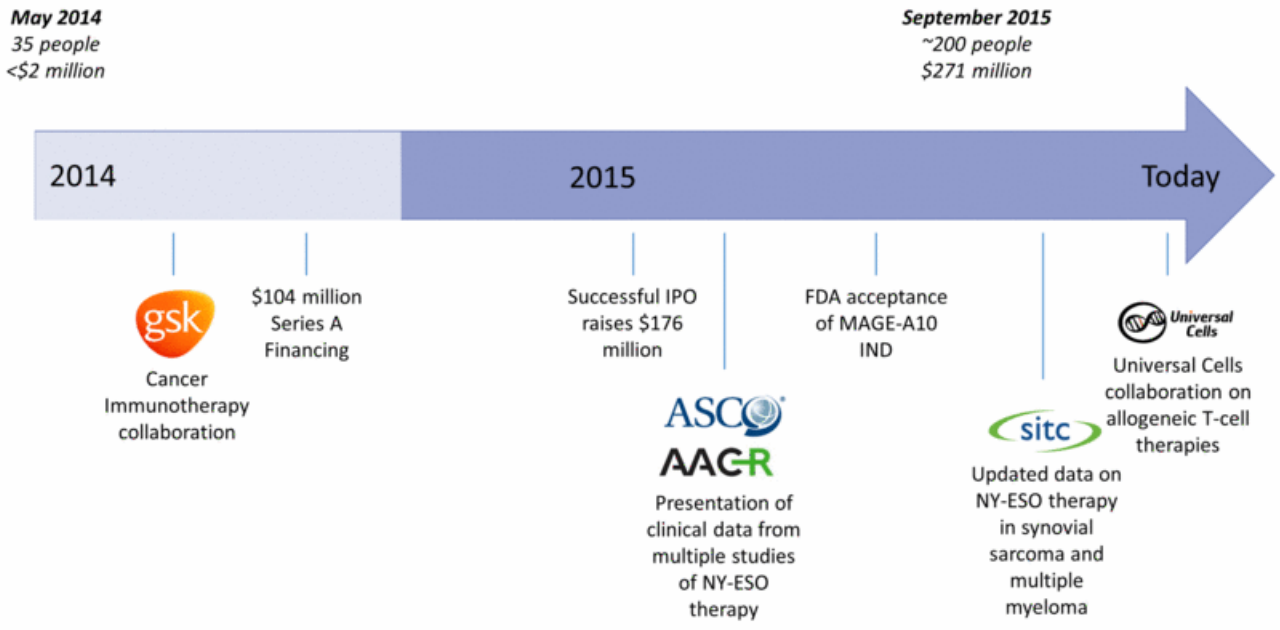
Turning Promise into Products
Leading the TCR T-cell Therapy Space

- A broad pipeline of clinical T-cell therapies to treat cancer
- First three programs target:
  - NY-ESO
    - First cohort in synovial sarcoma (solid tumor) shows 60% response rate at target dose
    - First cohort in multiple myeloma (hematologic tumor) shows 59% nCR/CR rate
  - MAGE A-10
    - IND open
    - First indication: Non-small cell lung cancer (NSCLC)
  - AFP
    - RAC approval received
    - IND anticipated in 1H2016 for hepatocellular cancer
- Cash plus short term deposits at September 30, 2015 of $271 million

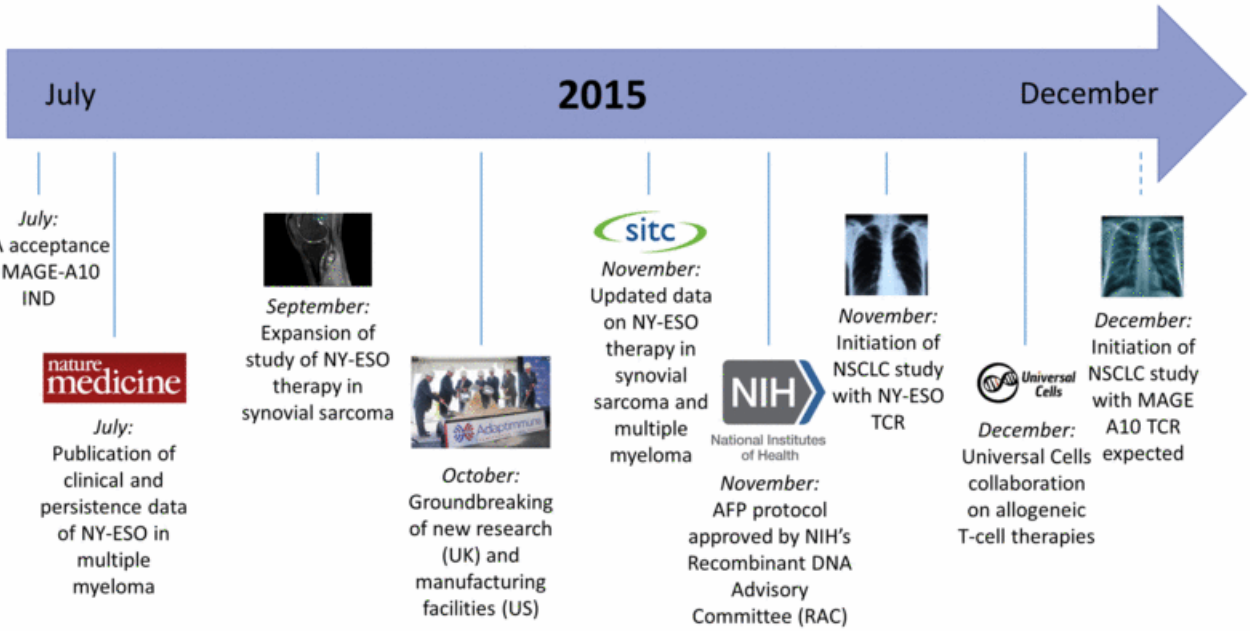
A History of Scientific Pre-eminence



Two Years of Delivery



Transformative Six Months Since IPO
Rapidly Executing on the Promise of Immuno-oncology



Positioned for Success
Experienced Management Team

James Noble, MA, FCA
Chief Executive Officer

Helen Tayton-Martin, PhD MBA
Chief Operating Officer

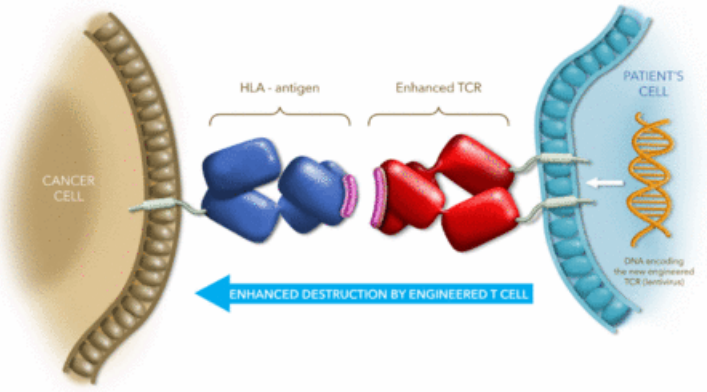
Adrian Rawcliffe
Chief Financial Officer

Rafael Amado, MD
Chief Medical Officer

Gwen Binder-Scholl, PhD
EVP, Adaptimmune LLC
Head of Translational Sciences

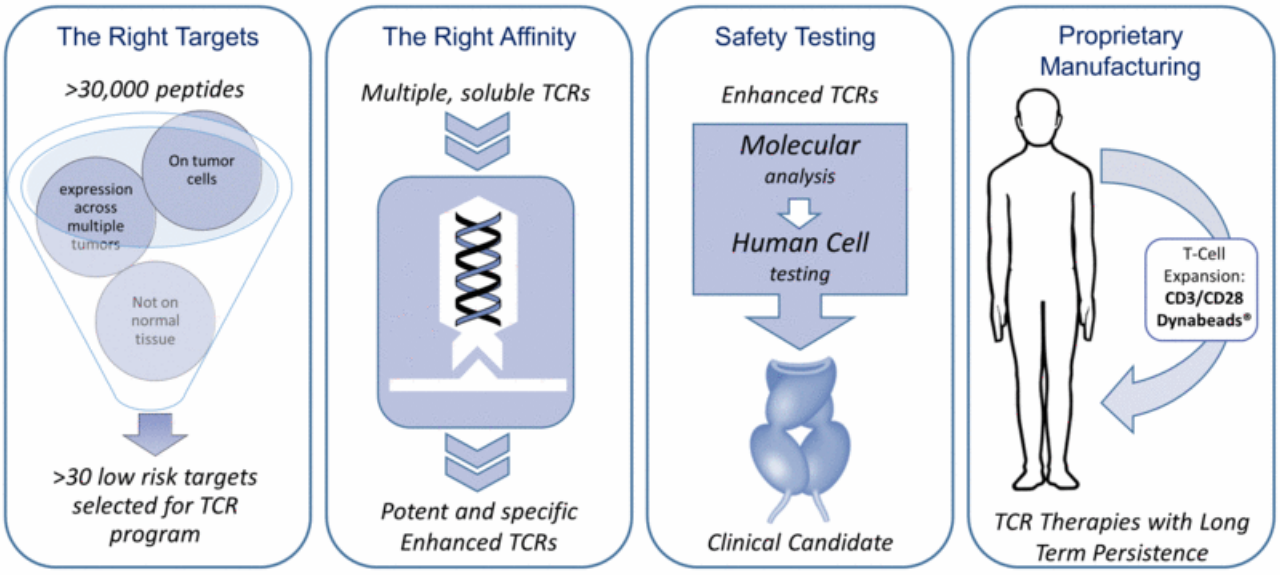
Enhancing T-Cell Receptors to Increase Tumor Specificity

- The TCR is the natural mechanism for T-cells to distinguish a diseased cell from a healthy cell
- Many cancer targets are intracellular; TCR therapeutics can access them
- Adaptimmune enhances affinity to enable TCR to recognize cancer cells



The Leader in TCR T-cell Therapy

Four Key Components of Effective Delivery



Uniquely Positioned for Success
Solving Development Hurdles

Hurdles	The Adaptimmune Solution
Low affinity of natural T-cells	✓ Proprietary affinity optimization technology
Access to targets on most tumors	✓ TCRs can access targets on most solid and hematologic cancers
Generating T-cell receptors (TCRs)	✓ Proprietary method of making TCRs for any target
Safety evaluation of T-cell therapies	✓ Proprietary preclinical safety testing platform
Efficient expansion of engineered cells	✓ Exclusive TCR license to CD3/CD28 Dynabeads®
Long term persistence and response	✓ Persistence of affinity enhanced T-cells out to three years seen in early data
Inability to target solid tumors	✓ Encouraging clinical activity in solid tumor cells

Uniquely Positioned for Success

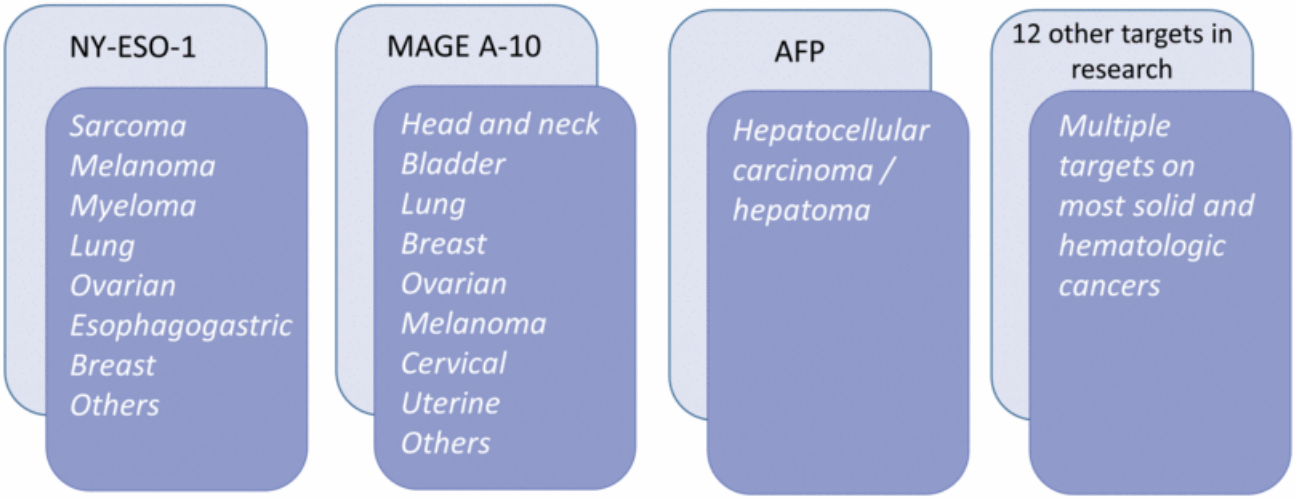
Systematic Approach for Future Improvements

Opportunities	The Adaptimmune Solution
Other enhancements to activity	✓ Second generation T-cell therapies
Impact of tumor microenvironment	✓ Second generation T-cell therapies
Allogeneic T-cell therapies	✓ Collaboration with Universal Cells
Combination studies	✓ Beginning in 2016
Enhancements to manufacturing	✓ Streamlining process; planning for automation
Manufacturing capacity	✓ Pilot plant under construction

Targets, Programs and Data

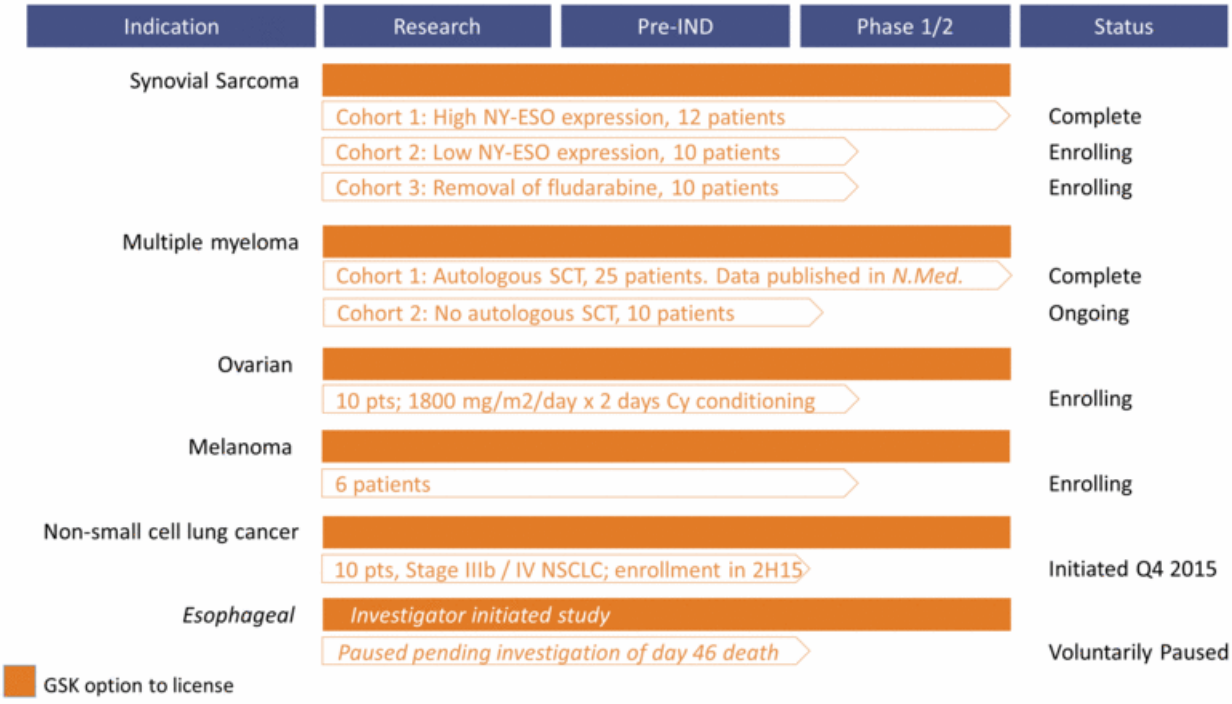
Adaptimmune
TRANSFORMING T CELL THERAPY

TCR Targets Cover Broad Array of Solid and Hematologic Tumors



Industry Leading TCR Pipeline in Solid and Hematologic Cancers

Comprehensive Development Program for NY-ESO T-cell Therapy



Industry Leading TCR Pipeline in Solid and Hematologic Cancers

Deepest Pipeline of Wholly-owned Targets

Indication	Research	Pre-IND	Phase 1/2	Status
MAGE-A10 TCR	Non-small cell lung cancer (NSCLC)			
	IND open			Initiation 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			

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World Class Clinical Sites

Clinical Data Summary

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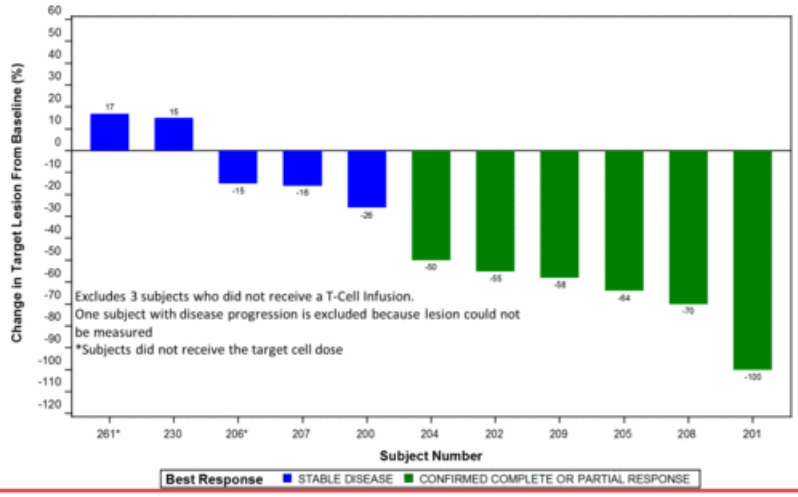
TRANSFORMING T CELL THERAPY

ADAP Phase I/II Study in Synovial Sarcoma

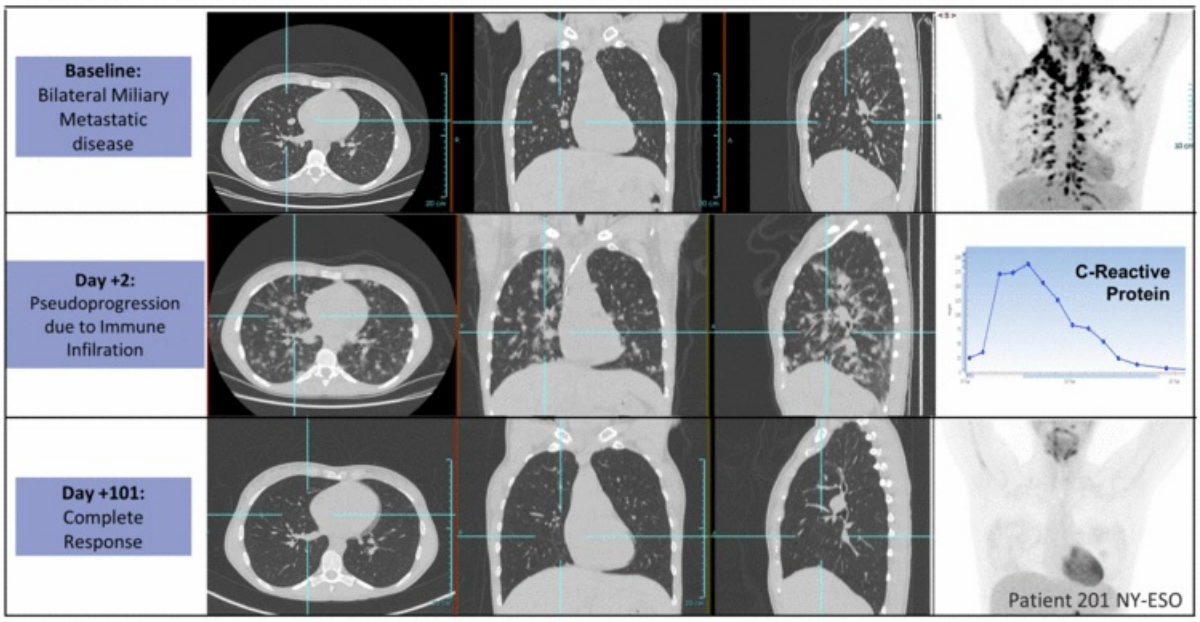
Encouraging Response Rates, Tolerability and Persistence

- 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.



ADAP Phase I/II Study in Synovial Sarcoma

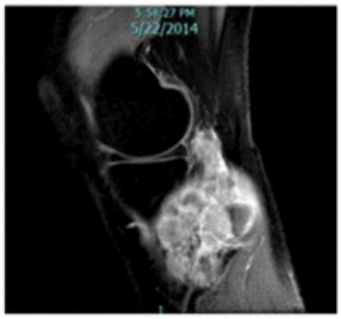
Radiographic Pseudoprogression and Response of Lung Metastases



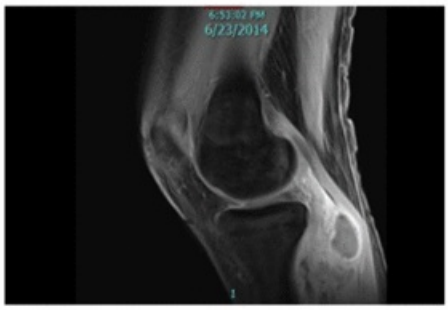
AACR April 2015

ADAP Phase I/II Study in Synovial Sarcoma

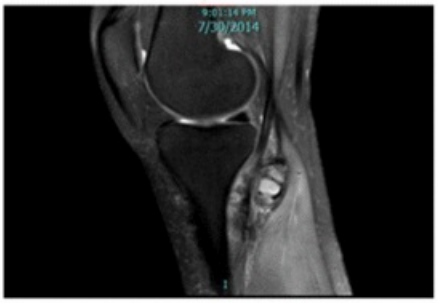
The Power of T-cell Therapy



NY-ESO TCR T cells administered



One month post NY-ESO TCR T cells



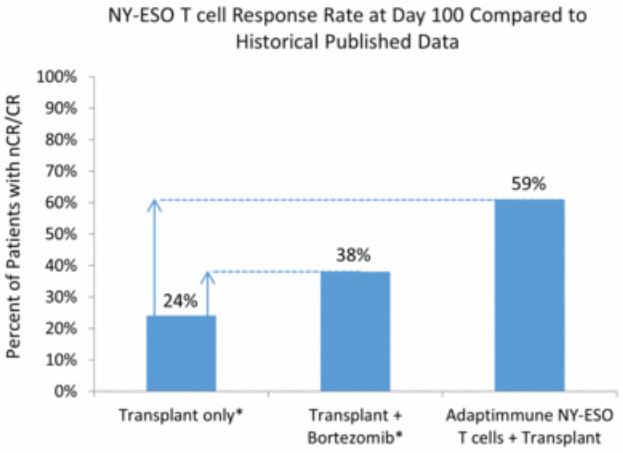
Two months post NY-ESO T cells

- ~ 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

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



SITC November 2015

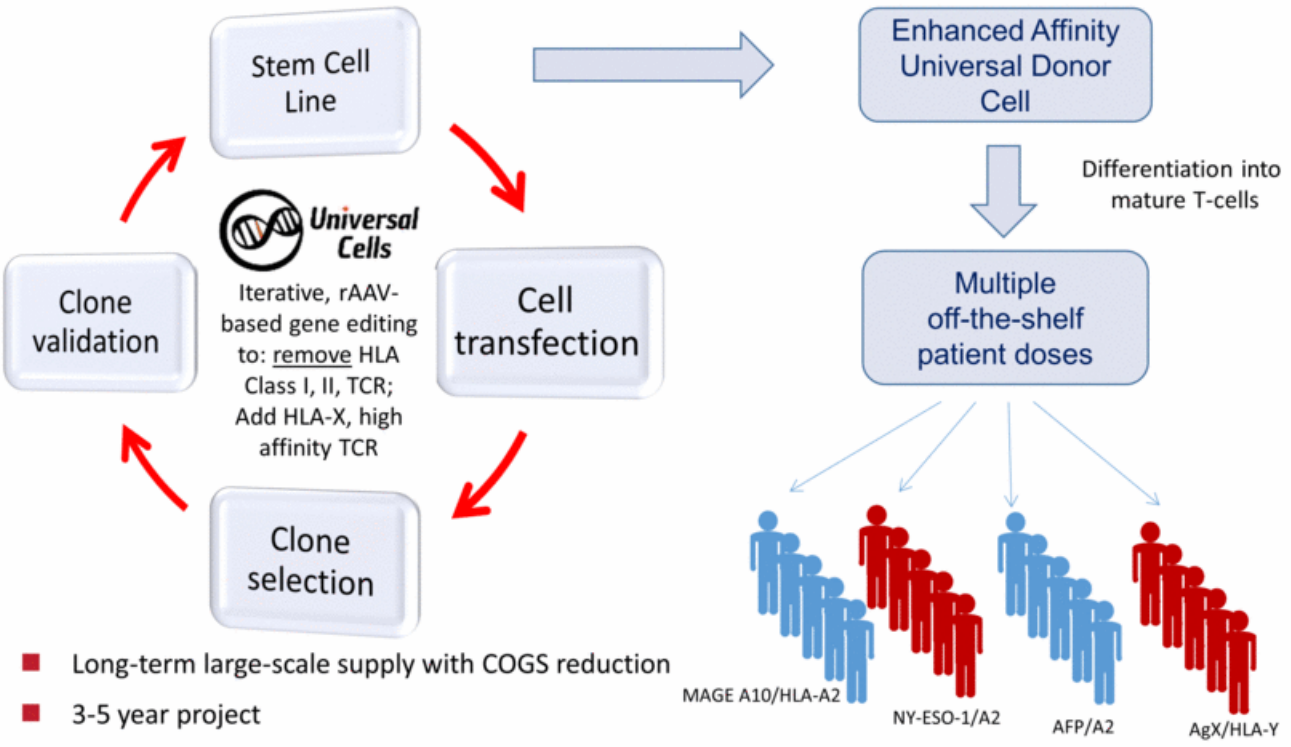
Recent Progress: Allogeneic program

Universal Cells

Adaptimmune

TRANSFORMING T CELL THERAPY

Enhanced Affinity Allogeneic T-cell Therapy



- Long-term large-scale supply with COGS reduction
- 3-5 year project

Universal Cells Agreement
Creating universal donor cells

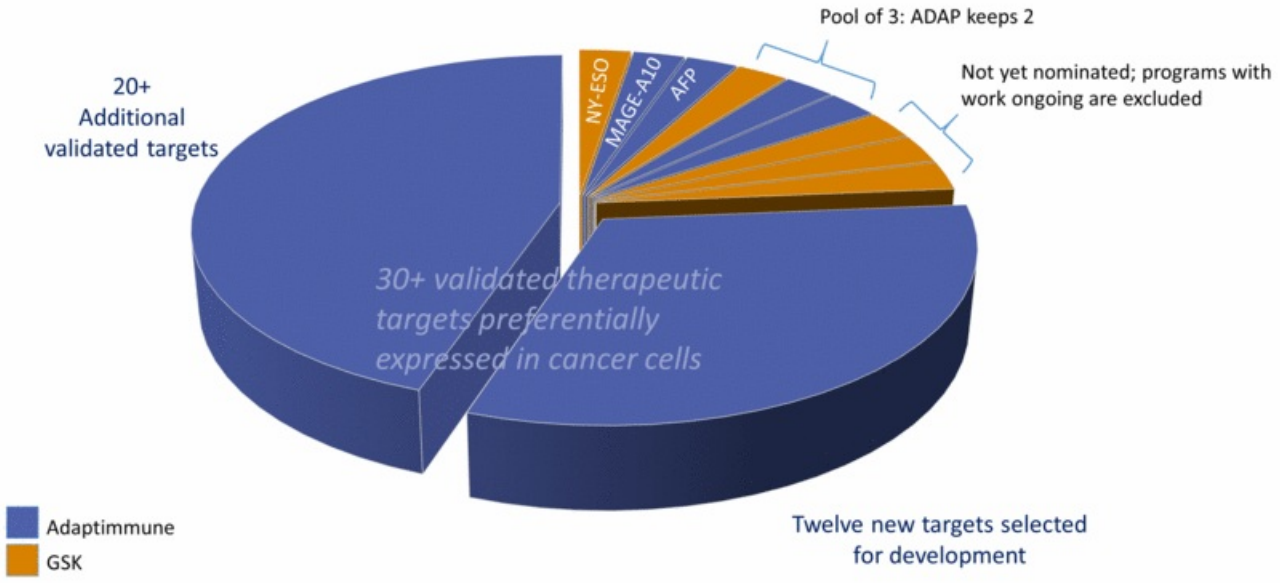
- Exclusive Research and Collaboration Agreement for development of allogeneic T-cell therapies
  - Potentially decreases cost of manufacture
  - Enables large numbers of patients to be treated from the same manufacturing batch
- Universal Cells technology uses gene editing technology to selectively engineer cell surface proteins.
  - No nucleases required
  - R&D program with goal of producing a universal donor T-cell
- Exclusive IP license to Adaptimmune within T-cell immunotherapy field
- Upfront license and start-up fees of $5.5 million
- Development and milestone payments of up to $41 million
- Profit share on first product and royalty on other products

Universal Cells

Delivery and Momentum

Adaptimmune
TRANSFORMING T CELL THERAPY

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



2015: Execution on All Fronts

☑	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 opens with NY-ESO
☑	2H 2015	Allogeneic T-cell therapy partnership with Universal Cells
❑	2H 2015	Initiation of Phase 1/2 studies for MAGE A-10
❑	2H 2015	Work with GSK to accelerate Synovial Sarcoma program

2016: Continued Momentum and Evolution
Multiple Candidates in Clinical Development for 9 indications

2016	File IND for AFP
2016	Expansion beyond oncology
2016	Additional Phase 1/2 data from NY-ESO clinical studies in: • Sarcoma • Melanoma • Ovarian • Myeloma • Lung
2H 16	Initiate AFP study in hepatocellular cancer
2H 16	Initiate combination studies
2H 16	First data on MAGE A-10 studies
2H 16	Initiate MAGE A-10 "Basket Study"
2017	Development of Generation 2 TCRs
2017+	Multiple INDs for new TCR therapeutic candidates

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