UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

Current Report
Pursuant to Section 13 or 15(d) of
the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): **November 9, 2017**

ADAPTIMMUNE THERAPEUTICS PLC

(Exact name of registrant as specified in its charter)

England and Wales	**1-37368**	**Not Applicable**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

60 Jubilee Avenue, Milton Park
Abingdon, Oxfordshire OX14 4RX
United Kingdom
(Address of principal executive offices, including zip code)

(44) 1235 430000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 §230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.☐

Item 8.01. Other Events.

On November 9, 2017, Adaptimmune Therapeutics plc (the "Company" or "Adaptimmune") issued a press release announcing an oral presentation with updated data from its ongoing pilot study of NY-ESO SPEAR T-cells in synovial sarcoma and an overview of study design from a trial in progress poster for its ongoing study of NY-ESO SPEAR T-cells in myxoid/round cell liposarcoma at the 2017 Connective Tissue Oncology Society (CTOS) annual meeting. The press release is furnished as Exhibit 99.1 to this report and is incorporated by reference herein.

On November 10, 2017, the Company issued a press release announcing the presentation of two trials in progress posters at the 2017 Society for Immunotherapy for Cancer (SITC) annual meeting. The trials in progress posters summarized the study designs for Adaptimmune's ongoing clinical trials with MAGE-A4 SPEAR T-cells targeting multiple solid tumors and NY-ESO SPEAR T-cells with or without KEYTRUDA® (pembrolizumab) in multiple myeloma. The press release is furnished as Exhibit 99.2 to this report and is incorporated by reference herein.

The information in Item 8.01 of this Form 8-K (including the attached Exhibit 99.1 and the attached Exhibit 99.2) 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 made by the Company under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by the Company by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits. The following exhibits are furnished as part of this Report on Form 8-K:

Exhibit No.	Description of Exhibit
99.1	Press release concerning presentation of data at CTOS meeting dated November 9, 2017
99.2	Press release concerning presentation of trials in progress posters at SITC meeting dated November 10, 2017

Exhibit Index

Exhibit No.	Description of Exhibit
99.1	Press release concerning presentation of data at CTOS meeting dated November 9, 2017
99.2	Press release concerning presentation of trials in progress posters at SITC meeting dated November 10, 2017.

SIGNATURES

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

ADAPTIMMUNE THERAPEUTICS PLC

Date: November 13, 2017

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

NY-ESO Data Presented at the Connective Tissue Oncology Society (CTOS) Annual Meeting Confirm Potential of Adaptimmune's SPEAR T-Cell Therapy

PHILADELPHIA, Pa. and OXFORD, UK., November 9, 2017 — Adaptimmune Therapeutics plc (Nasdaq: ADAP), a leader in T-cell therapy to treat cancer, released updated data from the ongoing pilot study of NY-ESO SPEAR T-cells in synovial sarcoma, as well as an overview of study design for the ongoing NY-ESO SPEAR T-cell trial in myxoid/ round cell liposarcoma (MRCLS) at the annual CTOS meeting at the Grand Wailea Resort in Hawaii.

"The data from our ongoing pilot study in synovial sarcoma remain encouraging," said Rafael Amado, Adaptimmune's Chief Medical Officer. "GSK exercised its option over our NY-ESO program and, as a result, these studies, including the pivotal registration trial in synovial sarcoma, will transition to GSK. The synovial sarcoma data, as well as results from other ongoing studies in the NY-ESO program, continue to inform development plans with our wholly owned pipeline of products. We believe the efficacy we have seen in synovial sarcoma is indicative of the potential of our SPEAR T-cell platform."

Data update from the ongoing pilot study of NY-ESO SPEAR T-cells in synovial sarcoma(1)

During an oral presentation, Dr. Sandra P. D'Angelo of the Memorial Sloan Kettering Cancer Center presented an update on all cohorts from Adaptimmune's ongoing pilot study of NY-ESO SPEAR T-cells in synovial sarcoma. The data cut-off for this oral presentation was September 5, 2017 and results are summarized below.

- NY-ESO SPEAR T-cells continue to be generally well-tolerated with initial efficacy observed in all cohorts including low expressors of NY-ESO (Cohort 2)
- Of the twelve patients treated in Cohort 1 (non-modified fludarabine (Flu) / cyclophosphamide (Cy) lymphodepletion regimen), five remain alive with a median predicted overall survival of 120 weeks (~28 months)
- Confirmed responses have been observed across all cohorts as follows:
    - Cohort 1 (follow-up only; High Flu/Cy, High NY-ESO): 6 /12 (50%) patients (unchanged from ASCO 2017)(2)
    - Cohort 2 (ongoing; High Flu/Cy, Low NY-ESO): 3/10 (33%) patients (ASCO 2017: 2/5 [40%])
    - Cohort 3 (follow-up only): 1/5 (20%) patients (unchanged from ASCO 2017)
    - Cohort 4 (ongoing): 4/11 (36%) patients (ASCO 2017: 3/6 [50%]). Overall survival is not mature in this cohort; progression free survival is 23 weeks.
- Peak and long-term expansion of NY-ESO SPEAR T-cells appears to correlate with clinical efficacy
- All reported events of cytokine release syndrome resolved with supportive care, the majority of events were Grade 1 or 2, and there were no events of seizure, cerebral edema or encephalopathy

Overview of Study Design from the Trial in Progress Poster for NY-ESO SPEAR T-cells in MRCLS

- Open-label, non-randomized pilot study evaluating the safety, tolerability, and antitumor activity of NY-ESO SPEAR T-cells in patients with MRCLS
- Initially, 10 patients are planned to be enrolled, with potential to enroll an additional 5 patients

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(1) Oral presentation entitled: "Open label, non-randomized, multi-cohort pilot study of genetically engineered NY-ESO-1 SPEAR T-cells in HLA-A2+ patients with synovial sarcoma (NCT01343043)"

(2) Data cut-off for ASCO 2017 was March 30, 2017

- Patients who do not receive minimum cell dose or who do not receive T-cell infusion may be replaced
- Patients must be: ≥ 18 years old; HLA-A*02:01, *02:05, or *02:06 positive; have advanced (metastatic or inoperable) MRCLS expressing NY-ESO-1 at 2+/3+ intensity in ≥30% of tumor cells by IHC; measurable disease; prior systemic anthracycline therapy; have ECOG status 0 or 1; and adequate organ function.
- Lymphodepletion regimen: Flu (30mg/m^2/day) and Cy (600 mg/m^2/day) for 3 days
- Target dose of $1 – 8 \times 10^9$ transduced SPEAR T-cells
- Efficacy assessed by overall response rate, time to response, duration of response, progression-free survival, and overall survival at weeks 4, 8, and 12, month 6, and then every 3 months until confirmation of disease progression
- The study is open and enrolling
- Ten patients have already been identified and enrolled

About Adaptimmune

Adaptimmune is a clinical-stage biopharmaceutical company focused on the development of novel cancer immunotherapy products. The Company's unique SPEAR (Specific Peptide Enhanced Affinity Receptor) T-cell platform enables the engineering of T-cells to target and destroy cancer, including solid tumors. Adaptimmune is currently conducting clinical trials with SPEAR T-cells targeting MAGE-A4, -A10, and AFP across several solid tumor indications. GlaxoSmithKline plc (LSE:GSK) (NYSE:GSK) exercised its option to exclusively license the right to research, develop, and commercialize Adaptimmune's NY-ESO SPEAR T-cell therapy program in September 2017. Transition of this program to GSK is ongoing. The Company is located in Philadelphia, USA and Oxfordshire, U.K. For more information, please visit http://www.adaptimmune.com

Forward-Looking Statements

This release contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995 (PSLRA). 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 and our ability to successfully advance our TCR therapeutic candidates through the regulatory and commercialization processes. 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 Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (SEC) on November 2, 2017, and our other SEC filings. 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.

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Adaptimmune Presents Study Designs for Ongoing MAGE-A4 and NY-ESO SPEAR T-cell Clinical Trials at the Society for Immunotherapy of Cancer (SITC) Annual Meeting

PHILADELPHIA, Pa. and OXFORD, UK., November 10, 2017 — Adaptimmune Therapeutics plc (Nasdaq: ADAP), a leader in T-cell therapy to treat cancer, is presenting two trials in progress posters summarizing study designs for ongoing clinical trials with MAGE-A4 and NY-ESO SPEAR T-cells at the 2017 SITC annual meeting at the Gaylord National Hotel & Convention Center in National Harbor, Maryland, United States.

Overview of Study Designs:

- MAGE-A4 SPEAR T-cells targeting multiple solid tumors(1):
  - Open-label, non-randomized pilot study evaluating the safety, tolerability, and antitumor activity of MAGE-A4 SPEAR T-cells in patients with HLA-A*02 and MAGE-A4 positive inoperable locally advanced or metastatic tumor(s)
  - This dose escalation study utilizes a modified 3+3 design:
    - *Group 1:* to enroll 3-6 patients; dose of 100 million transduced SPEAR T-cells, 21-day interval for safety review
    - *Group 2:* to enroll 3-6 patients; dose of 1 billion transduced SPEAR T-cells, 7-day interval for safety review(2)
    - *Group 3:* to enroll 3-6 patients; dose of 1-5 billion transduced SPEAR T-cells, 7-day interval for safety review(2)
    - Study allows for expansion at optimal dose range up to 20 patients across tumors
  - Patients must be: ≥ 18 yrs old; HLA-A*02 positive; have MAGE-A4 positive inoperable locally advanced or metastatic tumor(s) at≥1+ intensity in ≥ 10% of tumor cells MAGE-A4 expression by immunohistochemistry (IHC); have ECOG status 0 or 1; and adequate organ function
  - Lymphodepletion regimen: fludarabine (30mg/m^2/day) and cyclophosphamide (600 mg/m^2/day) for 3 days
  - Efficacy assessed by overall response rate, time to response, duration of response, progression-free survival, and overall survival at weeks 4, 8, and 12, month 6, and then every 3 months until confirmation of disease progression
  - The study is open and enrolling
- NY-ESO SPEAR T-cells with or without KEYTRUDA®(pembrolizumab) in multiple myeloma
  - Open-label, randomized pilot study evaluating the safety, tolerability, and antitumor activity of NY-ESO SPEAR T-cells with or without KEYTRUDA in patients with multiple myeloma
  - Eligible patients will be randomly assigned to a treatment arm: NY-ESO SPEAR T-cells alone (Arm 1) or NY-ESO-1 SPEAR T-cells in combination with KEYTRUDA (Arm 2)

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(1) Urothelial cancer (transitional cell cancer of the bladder, ureter or renal pelvis), melanoma, squamous cell carcinoma of the head and neck, ovarian cancer, NSCLC (squamous, adenosquamous, or large cell), esophageal (squamous and adenocarcinoma) or gastric cancer

(2) If, in Group 1 or Group 2, 1 out of 3 patients experiences a dose limiting toxicity (DLT) requiring expansion of an additional 3 patients (n=6), the subsequent observation periods in Group 2 or Group 3 will be increased from 7 days to 14 days for the respective groups.

  - Target enrollment is 20 patients with 10 in each arm; eligible patients who do not receive the T-cell infusion may be replaced.
  - Patients must be: ≥ 18 yrs old; HLA-A*02:01, *02:05, or *02:06 positive; have histologically confirmed diagnosis of multiple myeloma with either primary refractory or relapsed/refractory disease expressing NY-ESO-1 and/or LAGE-1a; have received prior therapies including IMiD and a proteasome inhibitor as separate lines or a combined line of therapy; have ECOG status 0 or 1; and adequate organ function
  - Lymphodepletion regimen: fludarabine (30mg/m^2/day) and cyclophosphamide (600 mg/m^2/day) for 3 days, followed by granulocyte-colony stimulating factor
  - For patients in Arm 2, KEYTRUDA will be administered every 3 weeks, starting at week 3 following T-cell infusion until week 108
  - Target dose of 1 – 8 × 10^9 transduced SPEAR T-cells
  - Efficacy will be assessed by the International Myeloma Working Group (IMWG) Uniform Response Criteria. Overall response rate, time to response, duration of response, progression-free survival, and overall survival will be determined.
  - The study is open and enrolling

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