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): **January 8, 2018**

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 7.01 Regulation FD Disclosure.

The information set forth under Item 8.01 of this Current Report on Form 8-K is incorporated herein by reference to this Item 7.01.

The information in Item 7.01 of this Form 8-K (including the attached Exhibit 99.1) 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 Adaptimmune Therapeutics plc (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 8.01 Other Events.

On January 8, 2018, the Company released an updated corporate presentation. A copy of the Company's updated corporate presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference. The corporate presentation is also available on the Company's website at www.adaptimmune.com under Investor Relations. The information contained on the Company's website shall not be deemed part of this report.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description of Exhibit
99.1	Adaptimmune Therapeutics plc corporate presentation - January 2018.

Exhibit Index

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99.1	Adaptimmune Therapeutics plc corporate presentation - January 2018.

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

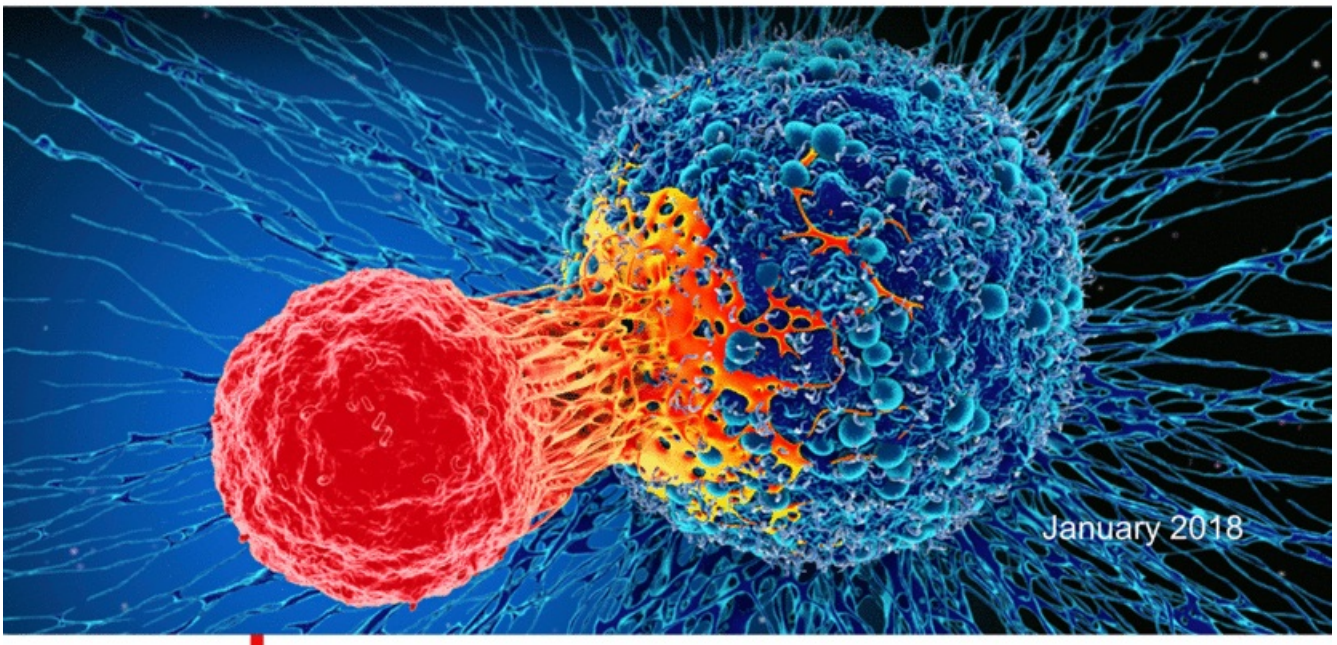
Date: January 8, 2018

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

Exhibit 99.1

Adaptimmune

TRANSFORMING T CELL THERAPY



Building an integrated SPEAR T-cell company

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 Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission (SEC) on November 2, 2017 and our other SEC filings.

We urge you to consider these factors carefully in evaluating the forward-looking statements herein and you 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.

Our proprietary SPEAR T-cell platform

TCR T-cell therapy for cancer patients

S	P	E	A	R
Specific	Peptide	Enhanced	Affinity	Receptor

Leaders in TCR T-cell therapy

- Data in 2018 from proprietary pipeline in solid tumors
- Strong data from partnered NY-ESO program in 2017
- Building a fully integrated cell therapy company
- Scientific leadership in TCR T-cell therapy
- Solid financial position


Data in 2018 from proprietary pipeline in solid tumors

Our proprietary pipeline

PROGRAM	INDICATIONS	PRE-CLINICAL	PHASE I / II	REGISTRATION
MAGE-A10	Urothelial Melanoma Head & Neck	→	→	
	NSCLC (lung)	→	→	
MAGE-A4	Urothelial Melanoma Head & Neck Ovarian NSCLC (lung) Esophageal Gastric	→	→	
AFP	Hepatocellular	→	→	
ADDITIONAL SPEAR T-CELL CANDIDATES				
Multiple targets/Multiple indications		→		

MAGE-A10 update from triple tumor and NSCLC (lung) studies

Dose escalation studies – first data from 8 patients dosed

No
evidence of
off-target toxicity

Triple tumor
✓Cohort 1 (3 dosed)
Cohort 2 dosing approved
at 1 billion cells

NSCLC
✓ dosing in 1a*
1 DLT (CRS)
Expanded to 6 pts
5 dosed

SPEAR T-cells detectable
in blood

* NSCLC Group 1a Cy only (1800mg/m^2 X 2 days); all other patients (Cy [600mg/m^2/day] + Flu [30mg/m^2/day]) X 3 days
NOTE: No deaths attributable to SPEAR T-cell therapy

Data cut-off Dec. 2017

SPEAR T-cells associated with low incidence of severe toxicity

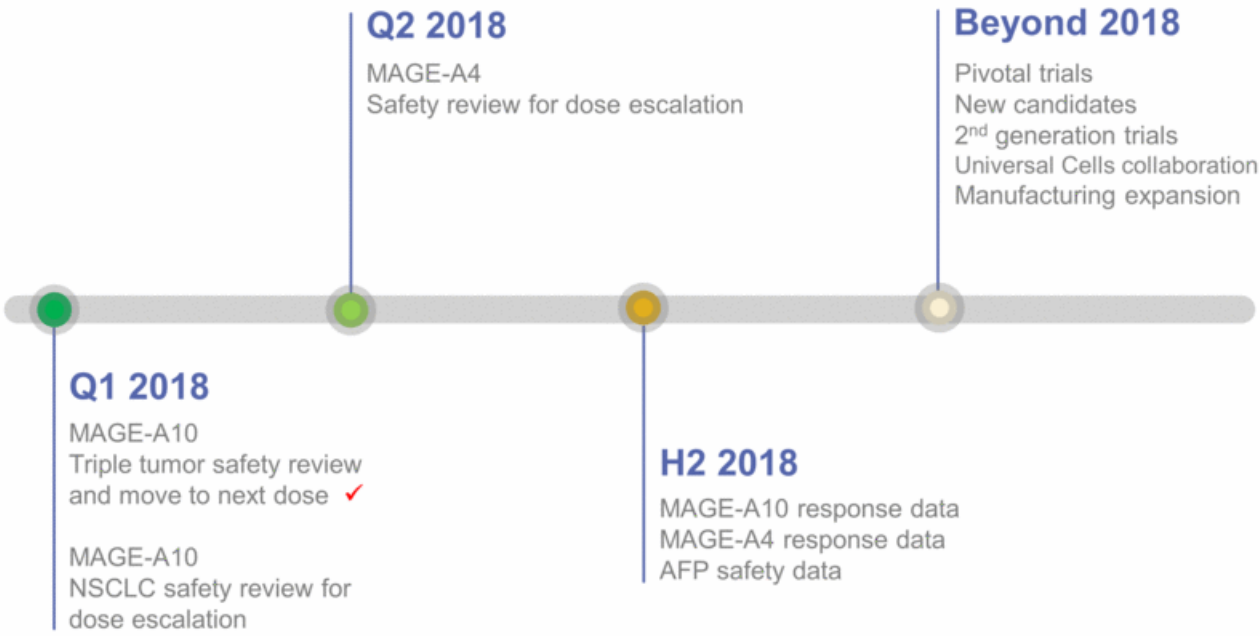
Data from all 88 patients, treated with MAGE-A10 or NY-ESO, to date

*Proportion of patients with grade ≥ 3 CRS/total dosed across TCRs = 6/88 = 6.8% (All cases resolved)
**CRES = CAR-T related encephalopathy; Nat Rev Clin Oncol. 2017 Sep 19.

Data cut-off Dec. 2017

2018 is a critical year to deliver clinical data from our proprietary pipeline

Our pipeline in multiple solid tumors




Strong data for partnered
NY-ESO program in 2017

Enrollment for NY-ESO clinical trials

Being transitioned to GSK as part of the option agreement

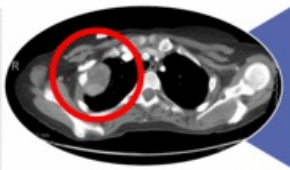
PROGRAM	INDICATIONS	PRE-CLINICAL	PHASE I / II	REGISTRATION
NY-ESO	Synovial sarcoma*	→	→	
	MRCLS*	→	→	
	NSCLC (lung) *	→	→	
NY-ESO + Keytruda	Multiple myeloma**	→	→	

*Adaptimmune's accrual complete
**Ongoing
MRCLS = myxoid/round cell liposarcoma

Robust data in a “cold” solid tumor

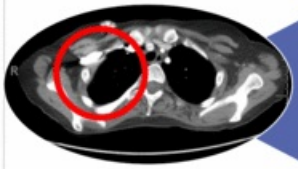
NY-ESO in synovial sarcoma (CTOS / ASCO 2017); program partnered with GSK

All cohorts **confirmed responses**
Cohorts 1 (50%); 2 (33%); 3 (20%); 4 (36%)



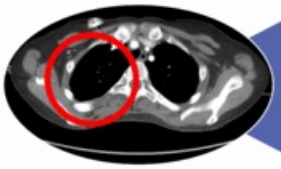
Baseline (cohort 4)
- 34 yr old female; synovial sarcoma lung
- Prior therapies doxorubicin, ifosfamide, pazopanib, gemcitabine, 7 surgical resections
- Target lesion per RECIST(v1.1) 54mm

SPEAR T-cell **expansion** correlates with **efficacy**



Week 4
- Had received 2.8 x 10^9 transduced T-cells
- Partial response at 4 weeks
- 77% decrease in tumor burden

3+ years median predicted overall survival*

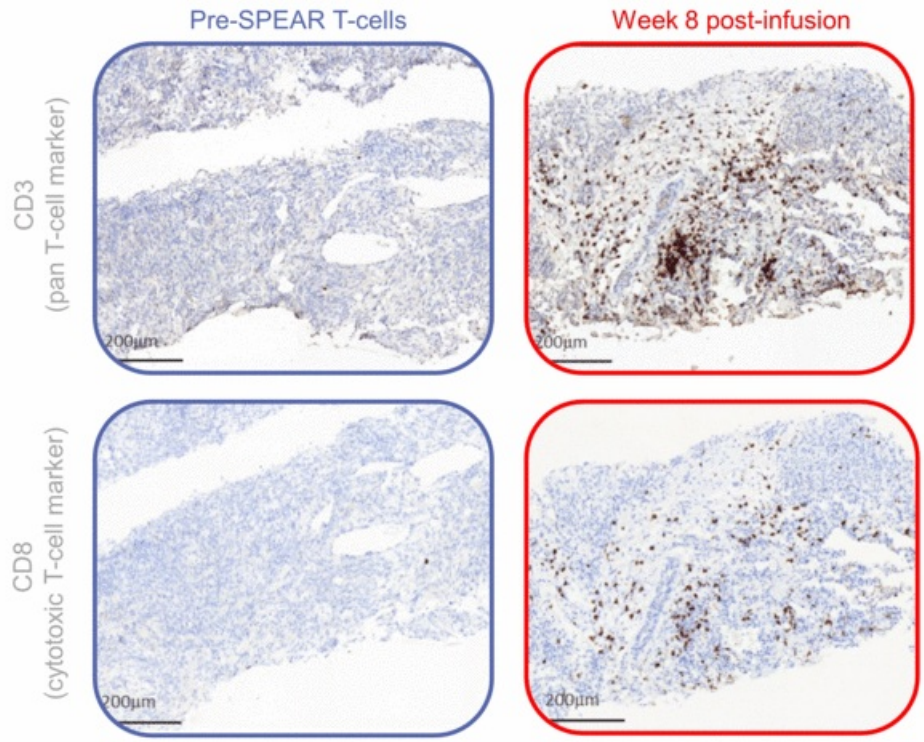


Week 8
- Partial response maintained
- Lesion completely resolved by next assessment

*At target dose for Cohort 1 (n=10; ASCO 2017); for all 12 Cohort 1 patients median OS is ~120 wks (2+ yrs; CTOS 2017)

SPEAR T-cells lead to T-cell infiltration in “checkpoint resistant” tumors

SPEAR T-cells can overcome mechanisms that prevent tumor inflammation

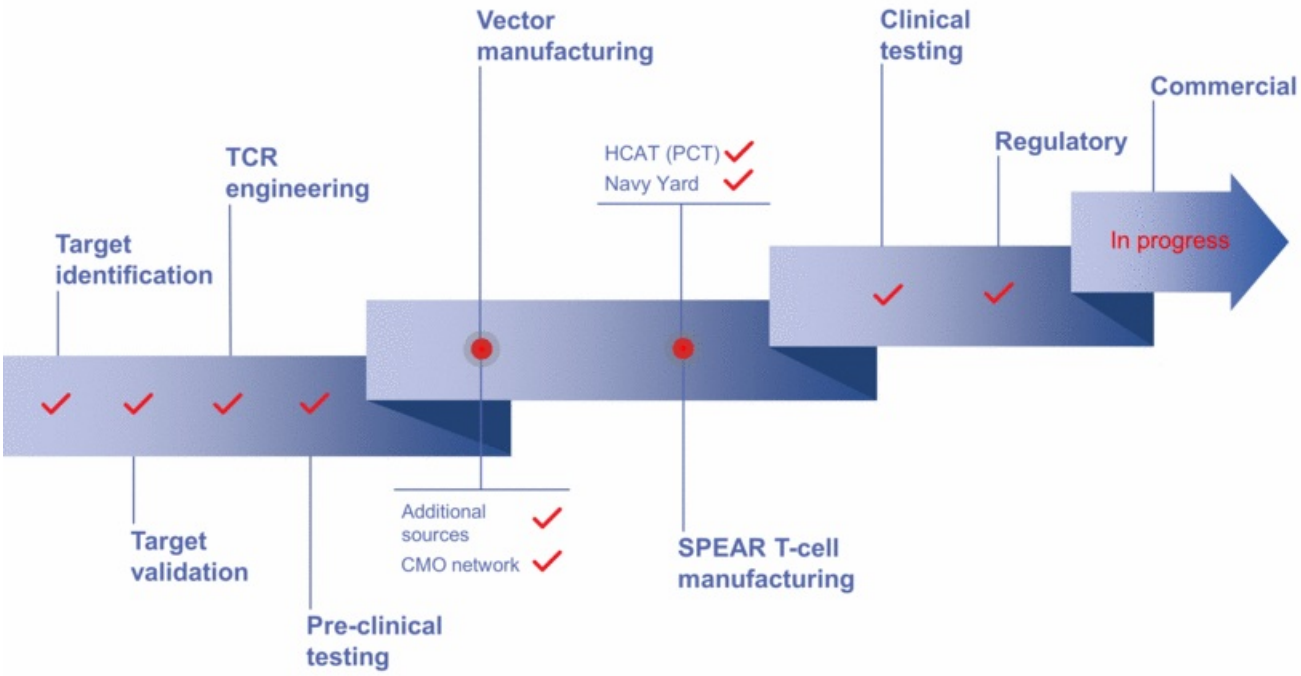


Adaptimmune


Building a fully integrated
cell therapy company

Strong momentum towards our ambition

Becoming a fully integrated cell therapy company



Manufacturing and vector supply update

Secure cell and vector manufacturing

Cell manufacturing in-house and at CMO

- ✓ Adaptimmune's facility now operational with successful product manufactured for a MAGE-A4 patient
- ✓ Enables more rapid process improvement and patient scheduling flexibility
- ✓ Capacity for ~300 patients per year that can expand to ~1000
- ✓ Continued CMO space at HCAT (formerly PCT)

Vector supply through 2019 and beyond

- ✓ CMO vector inventory on hand / booked for all pilot programs
- ✓ Agreement for dedicated vector manufacturing capability (2018)
- ✓ Space secured for in-house vector manufacturing
- ✓ Relationships with multiple CMOs for additional vector supply

The patient's cell journey

Bringing the manufacturing process in-house

Adaptimmune
TRANSFORMING T CELL THERAPY

Adaptimmune is leading the TCR T-cell therapy field

Key learnings

R&D & CLINICAL TRIALS	• Target and peptide validation	✓
	• Preconditioning regimen requires fludaribine; IL-2 not required	✓
	• Need for 1B transduced cells	✓
	• Responses observed with low antigen expression	✓
	• Neurotoxicity and CRS different from other T-cell therapies	✓
	• T-cells penetrate tumor and persist for years	✓
	• Translational science informing next generation approaches	In progress
PATIENT RECRUITMENT	• Strategic alliance with MD Anderson Cancer Center	✓
	• Training teams in leading cancer centers	✓
	• Central HLA and antigen testing, separate screening protocol	✓
MANUFACTURING	• Expertise in identifying mechanisms of resistance	✓
	• Freeze cells upfront and at the end	✓
	• Navy Yard manufacturing up and running	✓
	• Fully closing the process	In progress
	• Reduce duration of release testing	In progress
	• Vein-to-vein chain of custody	In progress
	• US and EU logistics	In progress

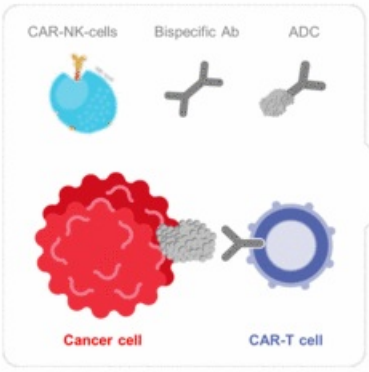

Scientific leadership in
TCR T-cell therapy

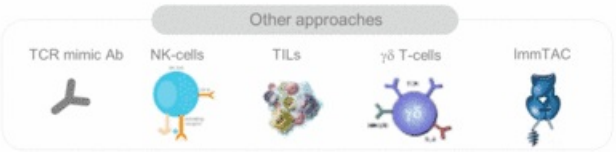
SPEAR T-cells target solid tumors

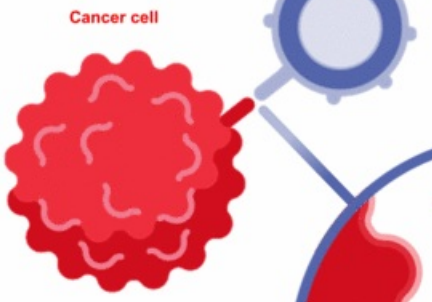
T-cell therapy in the context of immunotherapy

Antibody-based approach to cell surface antigens

For the majority of approaches, access to extracellular proteins only



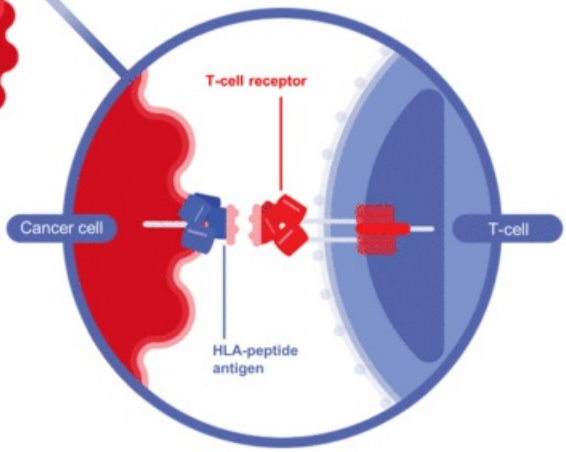




TCR-based recognition

More options for targeting cancers by enhancing the body's natural immune system:

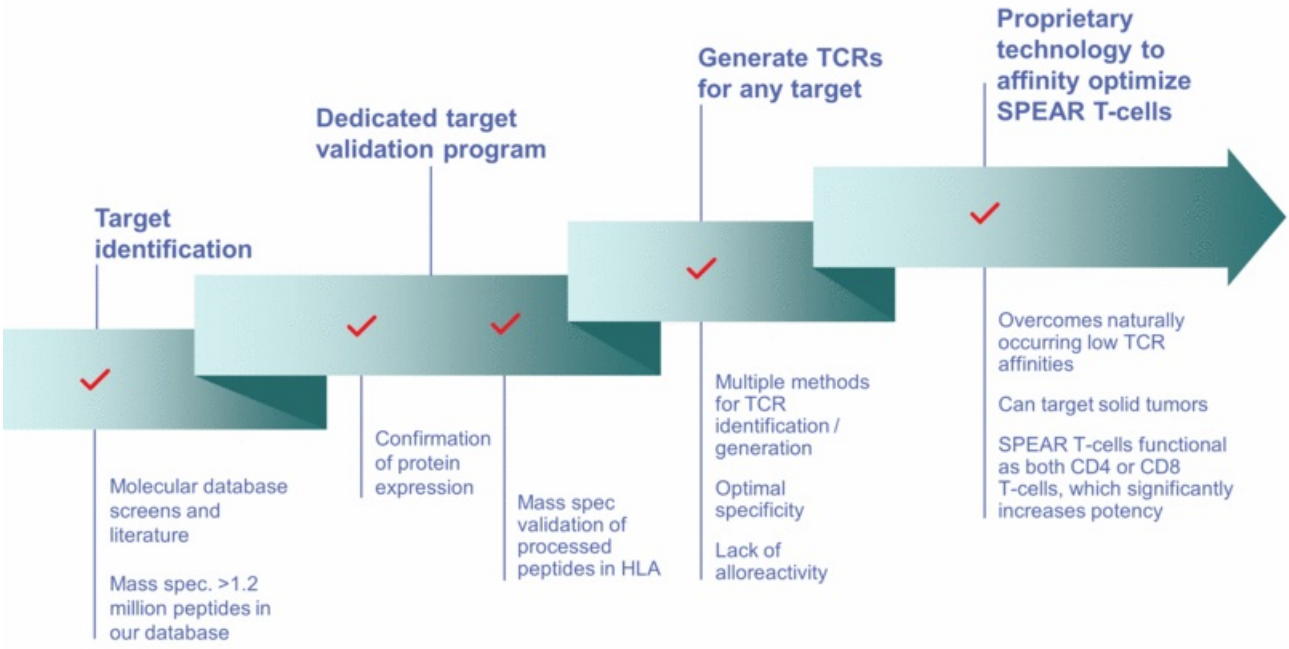
- T-cells scan HLA-peptides with TCRs
- Access to entire spectrum of extra- and intra-cellular proteins
- TCR is T-cell's native receptor
- Ability to address solid tumors



Adaptimmune
TRANSFORMING T-CELL THERAPY

How Adaptimmune gets TCRs and targets right

Securing our future pipeline

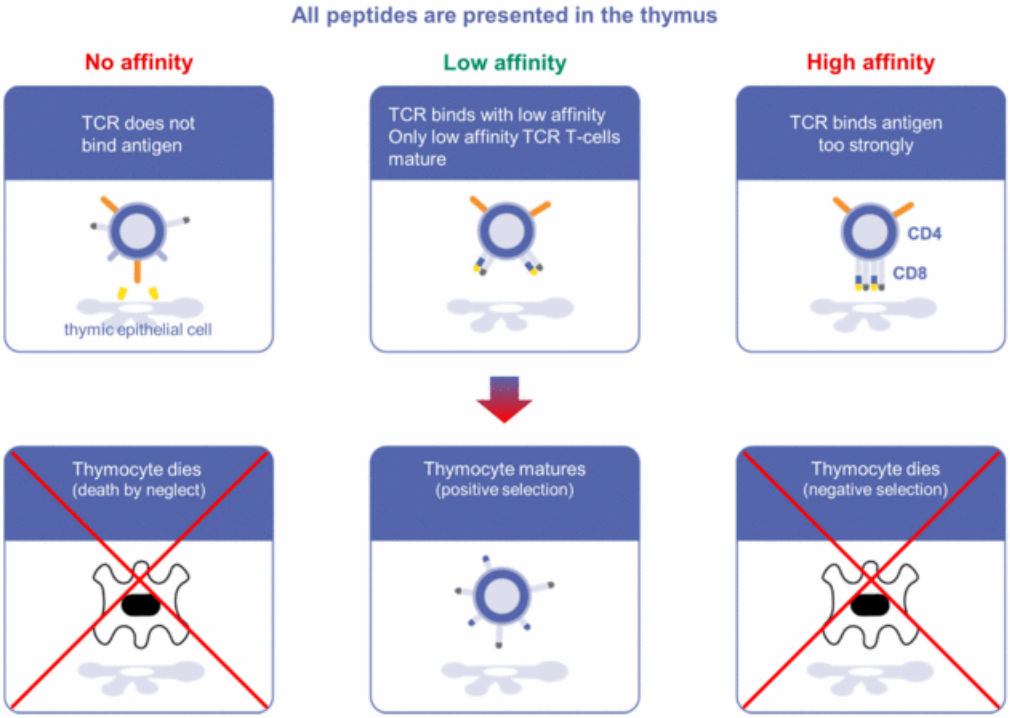


The target and the TCR are key to avoid on target and off target toxicity

How targets and TCRs may be wrong	How we identify the right targets and TCRs
• Wrong peptide or peptide not expressed in desired HLA	• Mass spectrometry – over 1.2 million peptides in our database
• Target found on healthy cells	• Expression profile in normal and tumor tissue confirmed by molecular arrays, tissue arrays, and proteomics
• A different target cross reactive with the TCR is found on healthy cells	• Molecular profiling establishes binding motif recognized by each TCR – only those specific for peptide selected
• Alloreactivity – reacting to another HLA (target independent issue)	• Alloreactivity panel of multiple HLAs for screening of candidate TCRs

Why SPEAR T-cell affinity enhancement is necessary

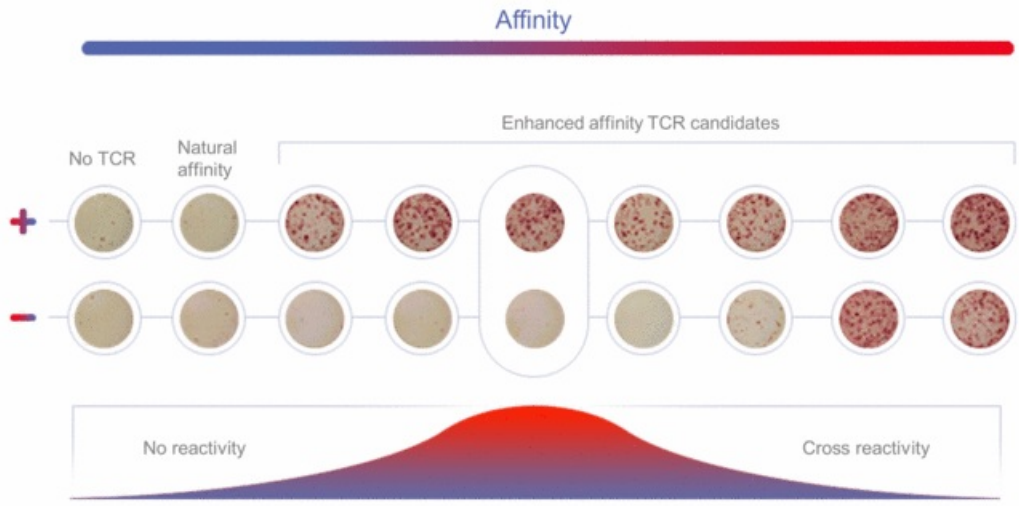
Naturally occurring tumor reactive T-cells are low affinity due to thymic selection



Adaptimmune
TRANSFORMING T-CELL THERAPY

Adaptimmune makes SPEAR T-cells with the right affinity

Testing a panel of engineered TCR candidates



+ TCR binds the target in correct HLA?

Representative ELISPOT data from cells displaying antigen target (AFP^{+}) in correct HLA context (A2^{+})

− Is TCR cross-reactive?

Representative ELISPOT data from cells displaying antigen target (AFP^{+}) in incorrect HLA (A2^{neg}); or without target (AFP^{neg}) in correct HLA (A2^{+})

Building a strategic portfolio of next generation SPEAR T-cells

Staying ahead of the tumor

Overcoming the tumor microenvironment

- ✓ Block effects of immunosuppression (e.g., TGF-β)
- ✓ Overcoming metabolic restrictions of tumor environment

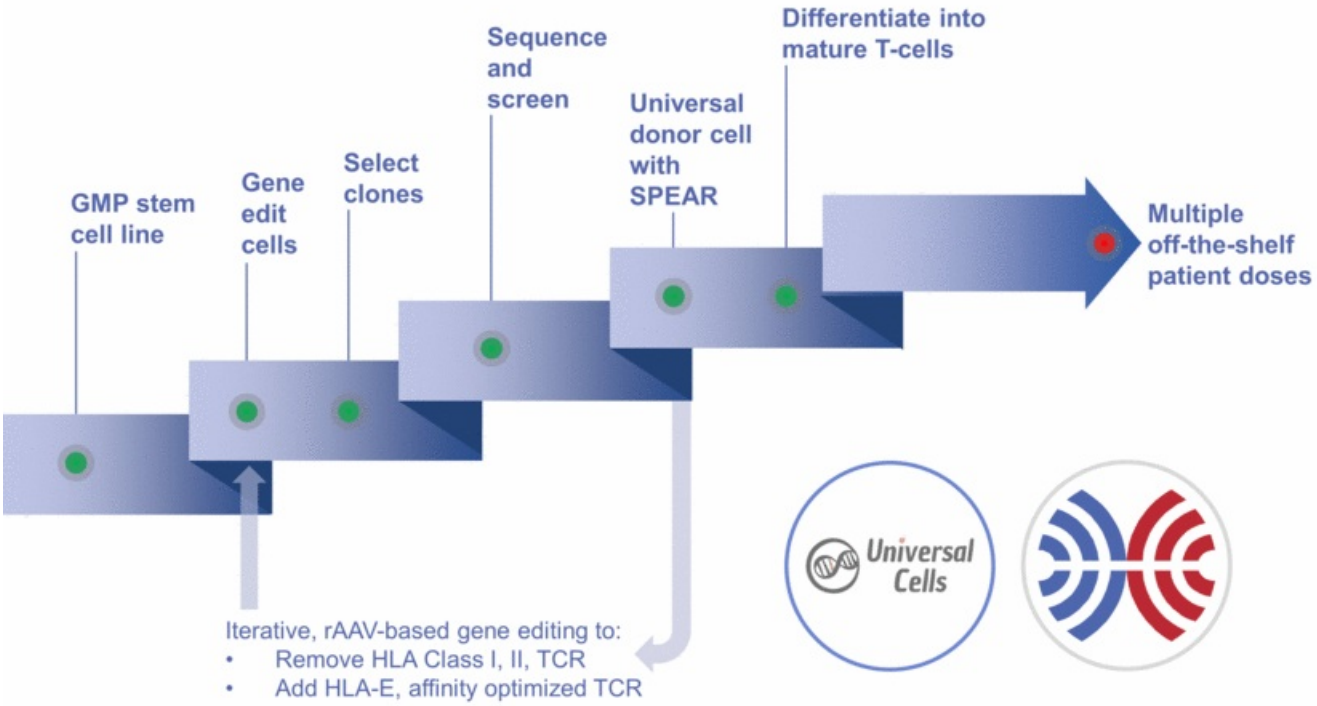
- ✓ Provides potential on/off switch to T-cell
- ✓ Enhance SPEAR T-cell proliferation, activation, and persistence

Enhancing T-cell potency and function

- ✓ Improved CD4 T-cell function
- ✓ Cytotoxic function
- ✓ Epitope spreading

Progress to an off-the-shelf, allogeneic SPEAR T-cell

Important milestones in our collaboration with Universal Cells



Global technology network: partnering with industry leaders

Building the future of T-cell therapy through world-class expertise

Adaptimmune

Adaptimmune SPEAR T-cell studies at leading clinical centers

Building the future of T-cell therapy through world-class expertise

University of Maryland Marlene and Stewart Greenebaum Cancer Center
Roswell Park Cancer Institute
City of Hope
Dana-Farber Cancer Institute
Washington University in St. Louis School of Medicine
Massachusetts General Hospital Cancer Center
UCSF University of California San Francisco
Penn
University College London Hospitals NHS Foundation Trust
Emory Winship Cancer Institute
University of Michigan
Duke Cancer Center
The University of Texas MD Anderson Cancer Center
Making Cancer History
UCLA
Yale University School of Medicine
Memorial Sloan Kettering Cancer Center
Palo Alto Stanford Cancer Institute
Stanford University Medical Center
Children's Hospital of Philadelphia
USC University of Southern California
The Ohio State University
Princess Margaret Cancer Centre UHN
NIH National Cancer Institute
Moffitt Cancer Center
SCRI Sarah Cannon Research Institute
Sylvester Comprehensive Cancer Center University of Miami Health System


Solid financial position

Strong balance sheet: Runway to 2020

Enables delivery of data from MAGE-A10, MAGE-A4, and AFP

$232 million — **LIQUIDITY***

Through early **2020** — **FUNDS** current business operations

*as of Nov 2, 2017 – Total liquidity is the total of cash and cash equivalents, short-term deposits, and marketable securities

Leaders in TCR T-cell therapy

- Data in 2018 from proprietary pipeline in solid tumors
- Strong data from partnered NY-ESO program in 2017
- Building a fully integrated cell therapy company
- Scientific leadership in TCR T-cell therapy
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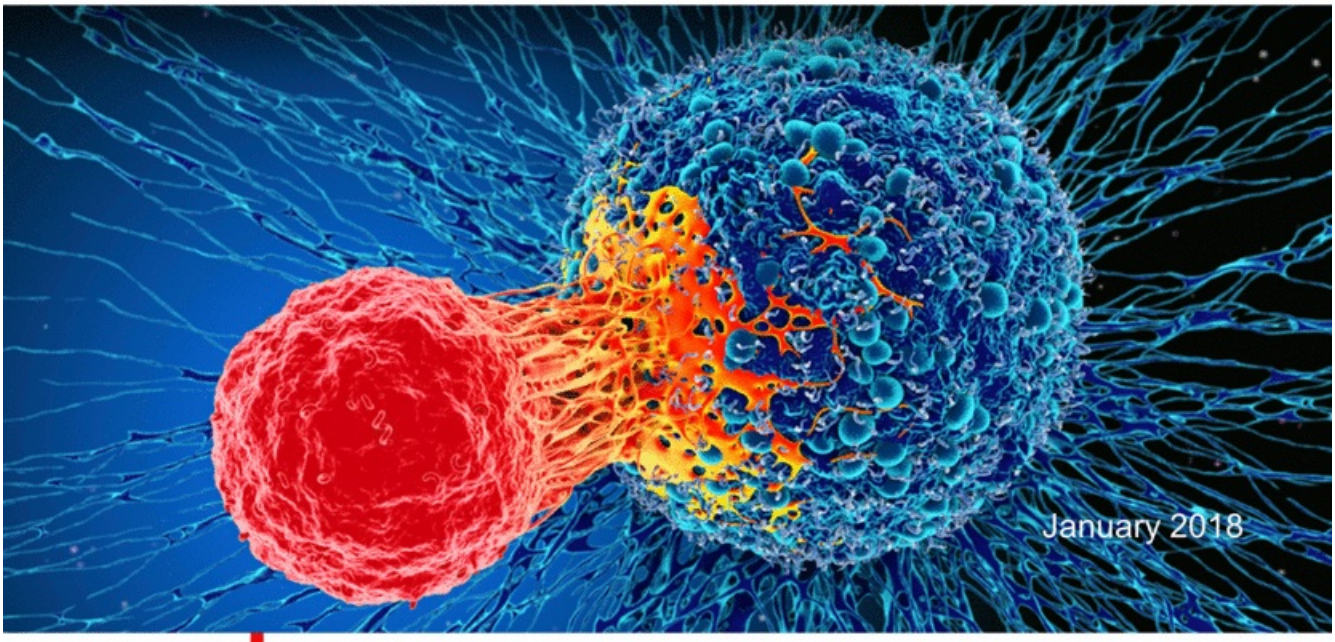
Adaptimmune

TRANSFORMING T CELL THERAPY



Building an integrated SPEAR T-cell company