FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-028
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hours per response	0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e Responses														
1. Name and Address of Reporting Person * Zaks Tal Zvi (Last) (First) (Middle) 122 BELLEVUE STREET (Street) NEWTON, MA 02458 (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol Adaptimmune Therapeutics PLC [ADAP]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
				3. Date of Earliest Transaction (Month/Day/Year) 06/22/2018						Officer (give title below) Other (specify below)					
			4. If Amendment, Date Original Filed(Month/Day/Year) Table I - Non-Derivative Securities Acqu						_X_:	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person uired, Disposed of, or Beneficially Owned					
									s Acquired.						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year				Cod (Inst		(A) or Dispos		(D) Own Tran	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		O Fe	6. 7. Natu Ownership Form: Benefic			
				(Mont	h/Day/Yea		ode V	Amount (D)		(Inst	(Instr. 3 and 4)		or (I	Indirect (In	wnership nstr. 4)
Reminder: I							in this	form ar	e not red	quired to			orm displays		74 (9-02)
Kemmder. 1															/4 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise Price of		3A. Deemed Execution Date, if	4. Transact	5. Nun Deriva Securit Acquir	warran aber of tive ies ed (A)	in this a curred, Dists, options, of 6. Date Ex Expiration (Month/Da	form are ently value of the convertible ercisable are	e not red lid OMB or Benefi le securiti	quired to a control national control of the control	respond ur umber. ned d Amount ying	8. Price of			11. Natur of Indired Beneficia
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Reporting Owners

D (O N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Zaks Tal Zvi 122 BELLEVUE STREET NEWTON, MA 02458	X				

Signatures

/s/ Tal Zaks	06/26/2018
**Signature of Reporting Person	Date

Explanation of Responses:

- $_{\star}$ $\;\;$ If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The exercise price was converted from GBP1.65 based on an exchange rate of \$U.S. 1.3250 to GBP1.00. The actual exercise price will be the pounds sterling amount.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.