FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)													
1. Name and Address of Reporting Person* TAYTON-MARTIN HELEN KATRINA				2. Issuer Name and Ticker or Trading Symbol Adaptimmune Therapeutics PLC [ADAP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O ADAPTIMMUNE THERAPEUTICS PLC,, 60 JUBILEE AVENUE, MILTON PARK				3. Date of Earliest Transaction (Month/Day/Year) 01/13/2020					X Officer (give title below) Other (specify below) Chief Business Officer				elow)		
(Street) ABINGDON, X0 OX14 4RX				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	, if Code (Instr	Code (Instr. 8)		4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	unt of Securities ially Owned Following d Transaction(s)		Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(World Day)	Coo	de	V	Amount	(A) or (D)	Price	,			` /	(Instr. 4)
American Depositary Shares 01/13/20		01/13/2020		S			50,000	D	\$ 4 (2)	0		D			
American Depositary Shares 01/13/2020			S			50,000	D	\$ 5 (3)	0			D			
Reminder:	Report on a s	separate line for	r each class of securi	ties beneficially	owned di	P	erso onta	ons who ained in	respo this fo	rm are	not requ		formation spond unlestrol number	ss	1474 (9-02)
				Derivative Secur	-						ly Owned				
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Execution D any	4.	4. 5. Number of		and Expiration Date (Month/Day/Year)		7. Ta	itle and ount of erlying urities tr. 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Beneficia Ownershi (Instr. 4)	
				Code V	(A) (Date Exerc		Expiratio Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TAYTON-MARTIN HELEN KATRINA C/O ADAPTIMMUNE THERAPEUTICS PLC, 60 JUBILEE AVENUE, MILTON PARK ABINGDON, X0 OX14 4RX			Chief Business Officer			

Signatures

/s/ Helen Tayton-Martin	01/15/2020

**Signature of Reporting Person	Date	

Explanation of Responses:

- * 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 sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 28, 2019.
- (2) These ADSs were sold in multiple transactions at a price of \$4.00. Upon request, the reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission full information regarding the ADSs sold at this price in this footnote.
- (3) These ADSs were sold in multiple transactions at a price of \$5.00. Upon request, the reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission full information regarding the ADSs sold at this price in this footnote.

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.