FORM 4

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

OMB APP	PROVAL
OMB Number:	3235-0287
Estimated average	e burden
hours per respons	e 0.5

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

	Name and Address of Reporting Person * Noble James			2. Issuer Name and Ticker or Trading Symbol Adaptimmune Therapeutics PLC [ADAP]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner						
C/O ADA	(Last) (First) (Middle) C/O ADAPTIMMUNE THERAPEUTICS PLC,, 60 UBILEE AVENUE, MILTON PARK		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2020						Officer (give title below) Other (specify below)						
(Street) ABINGDON, X0 OX14 4RX			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ I	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquire			Acquired,	ired, Disposed of, or Beneficially Owned							
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Yea	Execu any	Deemed ution Da	Pate, if C		(A)	Securities Acqui or Disposed of str. 3, 4 and 5)	(D) Own Trans	mount of Sec ed Followin saction(s) r. 3 and 4)		O Fe	wnership orm:	Nature f Indirect eneficial wnership
				(IVIOII)	ui/Day/	/ I car)	Coo	de V An	(A) or (D)	Price	. <i>9</i> and 4)		ot (I	Indirect (I	
Reminder: 1	Report on a se	eparate line for each	class of securities b	enericiai	iy owne	ied directi	1y 01	Persons	who respond						174 (9-02)
Reminder: 1	Report on a s	eparate line for each		- Deriva	ative S	Securities	s Acq	Persons in this fo a current	rm are not red tly valid OMB ed of, or Benefi	quired to r control nu cially Own	espond ur umber.				174 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriv: (e.g., p. 4. Transact Code	ative So puts, ca 5. tion Do Se or (D	Securities alls, warn. Number Derivative ecurities acquired (r Dispose D) (nstr. 3, 4.	s Acq rants r of (A)	Persons in this fo a current	rm are not rectly valid OMB ed of, or Benefit vertible securities isable and te	quired to r control nu cially Own	ed Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu p of Indire Benefici Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II 3A. Deemed Execution Date, if any	- Deriv: (e.g., p. 4. Transact Code	ative So puts, ca 5. tion Do Se or (D	Securities alls, warn. Number Derivative ecurities acquired (r Dispose D)	s Acq rants r of (A)	Persons in this fo a current uired, Dispos s, options, com 6. Date Exerc Expiration Da	rm are not rectly valid OMB ed of, or Benefit vertible securities isable and te	cially Ownies) 7. Title and of Underly Securities	ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natu p of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Noble James C/O ADAPTIMMUNE THERAPEUTICS PLC, 60 JUBILEE AVENUE, MILTON PARK ABINGDON, X0 OX14 4RX	X				

Signatures

/s/ James Noble	07/01/2020
**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 exercise price was converted from GBP1.35 based on an exchange rate of \$U.S. 1.2387 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.