FORM 4

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

OMB APPR	OVAL
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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* MOTT DAVID M					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 X 10% Owner					
(Last) (First) (Middle) 1954 GREENSPRING DRIVE, SUITE 600					3. Date of Earliest Transaction (Month/Day/Year) 03/27/2017								Office	er (give title belo	ow)	Other (specify	elow)	
(Street) TIMONIUM, MD 21093				4. If	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 - No				on-Derivative Securities Acqu				lired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		Execu any			Code (Instr. 8)		tion 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)			ed (A)	Benefici Reported	ant of Securities ially Owned Following d Transaction(s)		6. Ownership Form:	Beneficial			
				(Mont	h/Day/Y	ear)	Cod	e V	7 An	nount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
	Shares wi value of 0.		03/27/2017				P		12,8	70,000	A	\$ 0.7 (2)	72,139	,000 (1)		I	See Note 3	
Reminder:	Report on a s	separate line	for each class of se	I - Deriv	vative Sec	curi	ties Ac	F c t quirec	ersons ontaine ne form	who red in the displa	is fori ys a c r Bene	m are currer	not requ	OMB con	ormation spond unle trol numbe	ss	1474 (9-02)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution any (Month/D.	ed Date, if	Code	tion	5.	eer ative aties red seed 3, 5)	ons, con 5. Date E and Expirate Month/I	xercisal ration D Day/Yea	ole ate	7. Ti Amo Undo Secu (Inst 4)	tle and bunt of erlying urities r. 3 and Amount or Number		9. Number Derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Beneficia Ownersh (Instr. 4)	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director 10% Owner		Officer	Other			
MOTT DAVID M 1954 GREENSPRING DRIVE SUITE 600 TIMONIUM, MD 21093	X	X					

Signatures

/s/ Sasha Keough, attorney-in-fact	03/28/2017
**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).
- The ordinary shares whose purchase is reported on this line are represented by American Depositary Shares ("ADSs") and are held of record by New Enterprise Associates (1) 14, L.P. ("NEA 14"). NEA 14 holds these ordinary shares in the form of ADSs. Each ADS represents six ordinary shares of Adaptimmune Therapeutics plc. The ordinary shares reported in column 5 are represented by ADSs.
- (2) The price of \$0.70 per ordinary share was derived from the purchase price of \$4.20 per ADS, divided by six.
 - The Reporting Person is a director of NEA 14 GP, LTD, which is the sole general partner of NEA Partners 14, L.P. ("NEA Partners 14"). NEA Partners 14 is the sole general
- (3) partner of NEA 14, which is the direct beneficial owner of the securities. The Reporting Person disclaims beneficial ownership, within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the NEA 14 shares in which the Reporting Person has no pecuniary interest.

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.