FORM 4

(Print or Type Pecnonces)

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

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_ Director 10% Owner					
(Last) (First) (Middle) C/O ADAPTIMMUNE THERAPEUTICS PLC,, 60 JUBILEE AVENUE, MILTON PARK					3. Date of Earliest Transaction (Month/Day/Year) 05/29/2020							Office	er (give title belo	ow)	Other (specify	below)	
(Street) ABINGDON, X0 OX14 4RX				4. I	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	<i>'</i>)	(State)	(Zip)			Ta	ble I	- Nor	ı-Dei	rivative	Securitie	s Acqu	iired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Y	Exe any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		ction	4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	Benefici	ant of Securities ially Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	Beneficial Ownership	
							Сс	ode	V	Amour	or (D)	Price	Price			or Indirect (I) (Instr. 4)	(Instr. 4)
American Depositary Shares		05/29/2020				S	S		500,00	D D	\$ 9.332 (2)	2 0	0		D		
Reminder:	Report on a s	eparate line f	or each class of	II - Deri		curiti	ies Ac	quire	Person the	sons what tained i form di	no respo in this fo splays a of, or Be	orm ar curre	e not requently valid	ction of int uired to res I OMB con	spond unle	ess	1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transactic Date (Month/Day/	Year) Execution	med on Date, if	4. Transact Code (Instr. 8)	tion	5.	ative ities ired rosed) . 3,	6. Dand (Mc	Date Exeri Expirati Date Day	cisable on Date	7. T Am Un Sec (Ins 4)	Amount or Number of	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct or India	ive Ownersh y: (Instr. 4) (D)

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	06/02/2020
**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.

 The price reported in Column 4 is a weighted average price. These ADSs were sold in multiple transactions at prices ranging from \$9.02 to \$10.13, inclusive. Upon request,
- (2) 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) The ADSs reported in this Column 4 represent solely those ADSs that were sold pursuant to a Rule 10b5-1 trading plan. Additionally, the reporting person holds 8,145,700 ordinary shares and share options covering an aggregate of 9,137,960 ordinary shares of the Issuer.

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.