Adaptimmune Therapeutics PLC Form 3 March 15, 2017 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Date

Exercisable

Expiration

Title

Date

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB Number: 3235-0104 Expires: January 31, 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

| 1. Name and A Person <u>*</u> Bertrand | - | - | 2. Date of Event Requiring Statement (Month/Day/Year) 03/15/2017 | | 3. Issuer Name and Ticker or Trading Symbol Adaptimmune Therapeutics PLC [ADAP] | | | | | | |
|--|-----------------|---------------------------------------|---|----------------------------------|---|-------------------------------------|--|---|--|--|--|
| (Last) | (First) | (Middle) | | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Ameno Filed(Month | lment, Date Original /Day/Year) | | |
| 21729 BRIN | K MEADO | W LANE | | | | | | | | | |
| (Street) | | | | (Check all applicable) | | | 6. Individual or Joint/Group | | | | |
| GERMANTOWN, MD 20876 | | | | | Director 10% Owner XOfficer Other (give title below) (specify below) Chief Operating Officer | | Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) |] | Fable I - N | ble I - Non-Derivative Securities Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 4) | | | I | (Instr. 4) Fo Di or (I) | | Owr Forr Dire or Ir (I) | ownershipOwnershiporm:(Instr. 5)birect (D)rr Indirect | | | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of SEC 1473 (7-02) | | | | | | | | | | | |
| information contained in this form are not required to respond unless the form displays a currently valid OMB control number. | | | | | | | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Deri (Instr. 4) | vative Security | 2. Date E Expiratio (Month/Day/ | | Securiti | and Amount o es Underlying ive Security | | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

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| Option to purchase | (1) | 03/15/2027 | Ordinary | Ordinary Shares 3,407,904 | \$ 0.79 <u>(2)</u> | D | Â |
|--------------------|-----|------------|----------|------------------------------|--------------------|---|---|
| Ordinary Shares | | | Shares | | | D | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | |
|--|-----------|---------------|-------------------------|-------|--|--|--|
| 1 | Director | 10% Owner | Officer | Other | | | |
| Bertrand William C JR 21729 BRINK MEADOW LANE GERMANTOWN, MD 20876 | | Â | Chief Operating Officer | Â | | | |
| Signatures | | | | | | | |
| /s/ William Charles C Bertrand | 3/15/2017 | | | | | | |

**Signature of Reporting Date Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Exercisable as to 851,976 Ordinary Shares on March 15, 2018 and will be exercisable as to the remainder in monthly installments of 70,998 Ordinary Shares on the fifteenth of each month from April 15, 2018 through March 15, 2021.
- (2) The exercise price was converted from GBP0.65 based on the closing midpoint exchange rate for the U.S. dollar on the day prior to the date of grant listed in the Financial Times. 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.