

Adaptimmune Therapeutics PLC

Form 3

January 04, 2016

FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESFiled 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

(Print or Type Responses)

1. Name and Address of Reporting
Person *

Alleva Lawrence M

(Last) (First) (Middle)

1480 SNOW BERRY STREET

(Street)

PARK CITY, UT 84098

(City) (State) (Zip)

2. Date of Event Requiring
Statement

(Month/Day/Year)

01/01/2016

3. Issuer Name and Ticker or Trading Symbol
Adaptimmune Therapeutics PLC [ADAP]4. Relationship of Reporting
Person(s) to Issuer

(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer ☐ Other
(give title below) (specify below)5. If Amendment, Date Original
Filed(Month/Day/Year)6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security
(Instr. 4)2. Amount of Securities
Beneficially Owned
(Instr. 4)3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)4. Nature of Indirect Beneficial
Ownership
(Instr. 5)Ordinary Shares with a nominal value of
GBP0.001 per share ⁽¹⁾

70,584

D

UT

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
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 Derivative Security
(Instr. 4)2. Date Exercisable and
Expiration Date
(Month/Day/Year)3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)
Title4. Conversion
or Exercise
Price of
Derivative
Security5. Ownership
Form of
Derivative
Security:
Direct (D)6. Nature of Indirect
Beneficial
Ownership
(Instr. 5)

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	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Option to purchase Ordinary Shares	Â (2)	03/16/2025	Ordinary Shares	519,481	\$ 0.74 (3)	D	Â
Option to purchase Ordinary Shares	05/11/2015	05/11/2025	Ordinary Shares	30,745	\$ 2.8379 (4)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Alleva Lawrence M 1480 SNOW BERRY STREET PARK CITY, UT 84098	Â X	Â	Â	Â

Signatures

/s/ Lawrence Michael Alleva Name: Lawrence Michael Alleva

01/04/2016

Signature of Reporting Person

Date

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) Represented by 11,764 American Depositary Shares ("ADSs") held by Mr. Alleva. Mr. Alleva holds these Ordinary Shares in the form of ADSs. Each ADS represents six Ordinary Shares of Adaptimmune Therapeutics plc.

(2) Exercisable as to 129,870 Ordinary Shares on March 16, 2016 and will be exercisable as to the remainder in monthly installments of 10,822 Ordinary Shares on the sixteenth of each month from April 16, 2016 through February 16, 2019, and in one installment of 10,841 Ordinary Shares on March 16, 2019.

(3) The exercise price was converted from GBP0.50 based on the noon buying rate of the Federal Reserve Bank of New York for the U.S. dollar on the date of grant. The actual exercise price will be the pounds sterling amount regardless of the exchange rate on the date of grant or of exercise.

(4) The exercise price was converted from GBP1.82 based on the noon buying rate of the Federal Reserve Bank of New York for the U.S. dollar on the date of grant. The actual exercise price will be the pounds sterling amount regardless of the exchange rate on the date of grant or of exercise.

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.