FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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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

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* PISKEL KYLE					2. Issuer Name and Ticker or Trading Symbol Adaptive Biotechnologies Corp [ ADPT ]							5. R (Che	eck all app Direc	licable) tor	ng Per	rson(s) to Is	vner		
(Last)	(Fir APTIVE BI	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024							belov	,	ounti	Other (s below) ing Office	·			
CORPORATION 1165 EASTLAKE AVENUE EAST					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street) SEATTL	E WA	A 9	8109		Rul	Rule 10b5-1(c) Transaction Indication								Form Perso		re tha	in One Repo	orting	
(City)	(Sta	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execu ny/Year) if any		Deemed cution Date, y nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			Benefic	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)		Price	Transa	Transaction(s) (Instr. 3 and 4)			(111501. 4)
Common	Stock	ock 03/04/2024 A 43,740 A \$0 131,045 D							D										
Common	Common Stock 03/05/20					2024			S <sup>(1)</sup>		7,727		)	\$3.43	3 123,318			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed ) : 3, 4	6. Date Expirati (Month/	ion Da		Amount of		nstr.	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owne Form: Iy Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date	or Numb of Title Share		nber					

## **Explanation of Responses:**

1. This transaction represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of RSUs. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.

> /s/ Kyle Piskel by Stacy L Taylor, Attorney-in-Fact

03/06/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.