FORM 4

obligations may continue. See

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Instruction 1(b).	Fil	led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	Ļ			
1. Name and Add Cohen Chao		J Person*	2. Issuer Name and Ticker or Trading Symbol <u>Adaptive Biotechnologies Corp</u> [ADPT] _		ationship of Reporting Pe all applicable) Director Officer (give title	rson(s) to Issuer 10% Owner Other (specify	
(Last) C/O ADAPTI SUITE 200	(First) VE BIOTECH	(Middle) NOLOGIES CORP.	3. Date of Earliest Transaction (Month/Day/Year) 01/13/2021		below) Chief Financia	below) Il Officer	
(Street) SEATTLE (City)	WA (State)	98102 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Fili Form filed by One Re Form filed by More the Person	porting Person	
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common Stock	01/13/2021		M ⁽¹⁾		50,000	A	\$6.32	51,000	D	
Common Stock	01/13/2021		S ⁽¹⁾		15,820	D	\$62.92 ⁽²⁾	35,180	D	
Common Stock	01/13/2021		S ⁽¹⁾		34,180	D	\$63.63 ⁽³⁾	1,000	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/N	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Title	Amount or Number of Shares				
Stock Option (Right To Buy)	\$6.32	01/13/2021		M ⁽¹⁾			50,000	(4)	08/25/2025	Common Stock	50,000	\$0.00	365,000	D	

Explanation of Responses:

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 16, 2020.

2. The price reported for this transaction is a weighted-average price. The shares were sold in multiple transactions ranging from \$62.41 to 63.40, inclusive. The reporting person undertakes to provide to Adaptive Biotechnologies Corporation, any security holder of Adaptive Biotechnologies Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in any footnotes to this Form 4.

3. The price reported for this transaction is a weighted-average price. The shares were sold in multiple transactions ranging from \$63.41 to 64.29, inclusive.

4. The option is fully vested and exercisable.

Remarks:

/s/ Chad Cohen by Eric Billings, Attorney-in-Fact

01/15/2021

Date

** Signature of Reporting Person

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

* 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.