### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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** OMB Number: 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*  Cohen Chad M  (Last) (First) (Middle)  C/O ADAPTIVE BIOTECHNOLOGIES CORP.  SUITE 200  (Street)  SEATTLE WA 98102						2. Issuer Name and Ticker or Trading Symbol Adaptive Biotechnologies Corp [ ADPT ]  3. Date of Earliest Transaction (Month/Day/Year) 02/10/2020  4. If Amendment, Date of Original Filed (Month/Day/Year)								X	Chief Financial Officer  Individual or Joint/Group Filing (Check Applicable e)				
(City) (State) (Zip)																			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)						ion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported		nt of es ally 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			tion(s) and 4)			
Common Stock 02/10/2						020			M <sup>(1)</sup>		20,000	A	\$4.0	)7	21,	000		D	
Common Stock 02/10/2						.020			S <sup>(1)</sup>		3,279	D	\$31.9	9(2)	17,721			D	
Common Stock 02/10/2						020			S <sup>(1)</sup>		16,721	D	\$31.4	<b>\$31.44</b> <sup>(3)</sup>		1,000		D	
		-	Table II -	Deriva	tive outs.	Secu	ıritie S. Wa	es Acq arrants	uired, I	Disp	osed of,	or Bend	eficiall irities)	y O	wned				
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed Date,	4. Transa Code (1 8)	ction	5. Number of		6. Date Exercis Expiration Date (Month/Day/Ye		sable and	7. Title an of Securit Underlyin Derivative (Instr. 3 an	d Amoun ies g Security	at 8. De Se (Ir		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e V	(A)	(D)	Date Exercisa		Expiration Date	Title	or Number of Shares						
Stock Option (Right to	\$4.07	02/10/2020			<b>M</b> <sup>(1)</sup>			20,000	(4)		03/31/2025	Common Stock	20,000	0	\$0.00	60,000	0	D	

# **Explanation of Responses:**

- $1.\ The\ transactions\ reported\ in\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ November\ 18,\ 2019.$
- 2. The price reported for this transaction is a weighted-average price. The shares were sold in multiple transactions ranging from \$31.81 to 32.20, 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 \$30.81 to 31.80, inclusive.
- 4. The option is fully vested and exercisable

## Remarks:

Buy)

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

02/12/2020

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.