FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* BALDO LANCE (Last) (First) (Middle) C/O ADAPTIVE BIOTECHNOLOGIES CORP. SUITE 200						2. Issuer Name and Ticker or Trading Symbol Adaptive Biotechnologies Corp [ADPT] 3. Date of Earliest Transaction (Month/Day/Year) 09/10/2020											5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Medical Officer					
(Street) SEATTL (City)	E W		98102 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - Nor	n-Deriv	ative	Se	curit	ies Ad	quire	d, D)isp	osed c	of, or	Bene	ficial	ly Owned						
1. Title of Security (Instr. 3)			Date	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		_ C₀	3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,				Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									de \	v	Amount	(A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock				09/1	/10/2020				M	(1)		18	.8 A		\$7.8		18		D			
Common Stock				09/1	9/10/2020				S ⁽	1)		18		D	\$40		0		D			
Common Stock (1/2020				M	(1)		4,14	9	Α	\$7.8	4,	,149		D			
Common Stock 09/11					1/2020	/2020		S(1)		4,149 D		D	\$40	0			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. Deeme Execution if any (Month/Day	d Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date	5. Date Exercisable Expiration Date Month/Day/Year)		ble and	7. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable		piration ate	Title	or No of	umber							
Stock Option (Right to Buy)	\$7.8	09/10/2020			M ⁽¹⁾			18	(2))	05	//06/2029	Comn		18	\$0.00	429,14	.9	D			
Stock Option (Right to	\$7.8	09/11/2020			M ⁽¹⁾			4,149	(2))	05	//06/2029	Comn		,149	\$0.00	425,00	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 March 6, 2020.
- 2. The options vested with respect to 1/4 of the shares on May 6, 2020, with 1/48 of the shares vesting thereafter at the end of each full month of continuous service until fully vested.

Remarks:

/s/ Lance Baldo by Eric L. Billings, attorney-in-fact

09/11/2020

** Signature of Reporting Person Date

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.