Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington,	DC	20549	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL									
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hours per response:									

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

1(c). Se	ee Instruction 1	0.																	
	nd Address of <u>Stacy L</u>	Reporting Person*									g Symbol s Corp [ A	ADPT		Check	all app	o of Reportir dicable) tor er (give title	ng Perso	10% Ov	wner
(Last) (First) (Middle) C/O ADAPTIVE BIOTECHNOLOGIES CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024									V	Officer (give title Other (specify below)  SVP and General Counsel				эрсону	
1165 EA	STLAKE A	VENUE EAST			4. If <i>i</i>	Amend	lment,	Date	of Orig	jinal File	ed (Month/Da	ay/Year)			/idual o	r Joint/Grou	p Filing	(Check A	pplicable
(Street) SEATTLE WA 98109													ine)	Form filed by One Reporting Person Form filed by More than One Reportin Person					
(City)	(Sta	ate) (Z	Zip)																
		Table	I - N	lon-Deriva	tive	Secu	rities	Ac	quire	d, Di	sposed of	f, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			rear)	Execution Date,		``	3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			d 5)	Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
								Ī	Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)
Common Stock 08/22/202					24	4 s <sup>(1)</sup> 26,922 D \$4.4974		74(2)	139,365		]	D							
		Tal	ole II	I - Derivati (e.g., pu							oosed of, convertib				Owne	d			
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expi	ate Exer ration D nth/Day/		7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	Der Sec (Ins	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y O Fo O (I)	0. wwnership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				[,	Code	v	(A)	.) (D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The transaction reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 23, 2024.
- 2. The price reported for this transaction is a weighted-average price. The shares were sold in multiple transactions ranging from \$4.415 to \$4.62, 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.

08/23/2024 /s/ Stacy L Taylor

\*\* 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.