FORM 4

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

Washington, [	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Instruc	tion 1(b).			Filed	or Sec	nt to Section 16(a) ction 30(h) of the l	of the S rvestme	ecurit nt Co	ies Exchange mpany Act of	Act of 19 1940	934			s per response:	0.5
ı	nd Address of	Reporting Person*				uer Name <b>and</b> Tick ptive Biotecl				DPT ]		Relationship neck all app X Direc	olicable)	ng Person(s) to	Issuer Owner
(Last) (First) (Middle) C/O ADAPTIVE BIOTECHNOLOGIES CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024						X Officer (give title Other (specify below)  CEO and Chairman					
		VENUE EAST			4. If A	mendment, Date o	of Origina	al File	d (Month/Day	/Year)	Lin	e)		up Filing (Check ne Reporting Pe	
(Street) SEATTL	E WA	A 9	8109									Form Perso		ore than One Re	porting
(City)	(Sta	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See										
		Table	I - Non-	-Deriva	tive S	ecurities Acq	uired,	Dis	posed of,	or Ber	neficia	ılly Own	ed		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Inst 5)										
1. Title of S	security (illis	r. 3)	0	Date		Execution Date, if any	Transa Code (		Disposed Of			d Securit Benefit Owned	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
1. Title of \$	security (ills)	r. 3)	0	Date		Execution Date, if any	Transa Code (		Disposed Of			d Securit Benefic Owned Report Transa	ties cially I Following	Form: Direct (D) or Indirect	of Indirect Beneficial
1. Title of S		r. 3)	(I	Date	y/Year)	Execution Date, if any	Transa Code ( 8)	Instr.	Disposed Of 5)	(A) or	. 3, 4 an	d Securit Benefic Owned Report Transa (Instr. :	ties cially I Following ted action(s)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
	Stock	r. 3)	(I	Oate Month/Da	y/Year) 2024	Execution Date, if any	Transa Code ( 8) Code	Instr.	Disposed Of 5)  Amount	(A) or	Price	Securing Benefic Owned Report Transa (Instr. 3	ties cially I Following ted action(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership
Common	Stock Stock	r. 3)	(I	Oate Month/Da 03/04/2	2024 2024	Execution Date, if any	Transa Code ( 8) Code	Instr.	Disposed Of 5)  Amount 354,610	(A) or (D)	Price	Securit   Benefit   Owned   Report   Transa (Instr. : 2,6   4   2,6	ties cially I Following ted iction(s) 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership
Common	Stock Stock	,	ole II - D	03/04/2 03/05/2 03/05/2	2024 2024 2024 2024 ve Se	Execution Date, if any	Transa Code (8)  Code  A  S(1)  S(1)  ired, E	v V	Amount 354,610 5,879 42,794 osed of, o	(A) or (D) A D The Bene	Price \$0 \$3.4 ficiall	Securit   Benefit   Bene	ties cially d Following led ciction(s) 3 and 4) 25,374 19,495 76,701	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership

## **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.

(A) (D) Date

Exercisable

Expiration Date

Title

/s/ Chad M Robins by Stacy L 03/06/2024 Taylor, Attorney-in-Fact

Amount

Shares

\*\* 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).

Code

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.