FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* <u>Galimi Francesco</u>					2. Issuer Name and Ticker or Trading Symbol Adicet Bio, Inc. [ ACET ]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
	ICET BIO,	INC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/15/2020							_	below)	респу			
(Street) BOSTON	N M	IA	02116 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)  2. Trans. Date					action 2A. Deemed Execution Date, if any			Code (Instr.			ed (A) or	or 5. Amount o Securities Beneficially		Form: (D) or	m: Direct Ir or Indirect B	7. Nature of ndirect Beneficial	
					(Month/Day/Year)		·   ·	v	Amount	(A) c	Price	Reported Transacti	Owned Following (I) Reported Transaction(s) (Instr. 3 and 4)			Ownership (Instr. 4)	
	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	Code	saction (Instr.	Derivative		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares		Transaction(s (Instr. 4)			
Employee Stock Option (right to buy)	\$5.97	09/15/2020		A		128,424		(1)	10	)/15/2029	Common Stock	128,424	(2)	128,42	4	D	
Incentive Stock Option (right to buy)	\$16.11	09/17/2020		A		77,269		(3)	09	)/16/2030	Common Stock	77,269	\$0.00	77,269	)	D	

## **Explanation of Responses:**

- 1. 25% of the option will vest on September 23, 2020, and 1/36th of the remaining unvested option will vest on each of the next thirty-six (36) monthly anniversaries thereafter, provided that Dr. Galimi remains in continuous service as of the applicable vesting date.
- 2. Received in exchange for an employee stock option to acquire 1,035,685 shares of common stock of Adicet Bio, Inc., a Delaware corporation ("Old Adicet"), for \$0.740 per share in connection with the merger (the "Merger") of Old Adicet with and into Project Oasis Merger Sub, Inc., a Delaware corporation and a wholly owned subsidiary of resTORbio, Inc., a Delaware corporation ("resTORbio"). On the effective date of the Merger, resTORbio changed its name to "Adicet Bio, Inc."
- 3. 1/48th of the shares of common stock subject to the option shall vest on each of the forty-eight (48) monthly anniversaries of the vesting commencement date, provided that Dr. Galimi remains in continuous service as of the applicable vesting date.

## Remarks:

Senior Vice President and Chief Medical Officer

/s/ Nick Harvey, Attorney-in-Fact for Francesco Galimi

09/17/2020

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.