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, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| 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* <u>Aftab Blake</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Adicet Bio, Inc. [ACET] | | | | | | | | | | | licable) tor | • | 10% Ov | vner |
|---|--|-------|----------|---|---|---|--|---|------------------------|---|--------------|---|---|---|--|---|---------------------------------------|---------|------------|
| (Last) | (Fir | , | ⁄liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/12/2023 | | | | | | | | X | belov | er (give title v) Chief Scier | | Other (s below) Officer | specify | |
| 200 BERKELEY STREET, 19TH FLOOR | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | |) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) BOSTON MA 02116 | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | | | | | |
| | | Table | I - Noı | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | Benefi | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec ay/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | 3. 4. Securities Acquir Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instruction 5) | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 1 | | | 10/12/ | /2023 | | | | F ⁽¹⁾ | F ⁽¹⁾ 7,933 | | Г | \$ | 1.35 | 40 | 46,376 | | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | on Date, | 4. Transaction Code (Instr. 8) Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5) | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In tr. | Price of rivative curity str. 5) | ve derivative Securities | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership Form: | Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Date Exercis | able | Expiration Date | Title | of Shares | | | | | | | | |

Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy tax withholding obligations in connection with the vesting of restricted stock units and does not represent a sale by the Reporting Person.

Remarks:

/s/ Nick Harvey, Attorney-in-

10/16/2023

Fact

** 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.