

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>OrbiMed Capital GP V LLC</u> <hr/> (Last) (First) (Middle) 601 LEXINGTON AVENUE 54TH FLOOR <hr/> (Street) NEW YORK NY 10022-4629 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/15/2020	3. Issuer Name and Ticker or Trading Symbol <u>Adicet Bio, Inc.</u> [ACET]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities are beneficially owned	0 ⁽¹⁾	I ⁽¹⁾	See Footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
OrbiMed Capital GP V LLC

 (Last) (First) (Middle)
 601 LEXINGTON AVENUE
 54TH FLOOR

 (Street)
 NEW YORK NY 10022-4629

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
OrbiMed Advisors Israel II Ltd

 (Last) (First) (Middle)
 89 MEDINAT HAYEHUDIM ST., BUILDING E

 (Street)
 HERZLIYA L3 4614001

 (City) (State) (Zip)

1. Name and Address of Reporting Person*

OrbiMed Israel GP II, L.P.

(Last) (First) (Middle)
89 MEDINAT HAYEHUDIM ST., BUILDING E

(Street)
HERZLIYA L3 4614001

(City) (State) (Zip)

1. Name and Address of Reporting Person*

OrbiMed Israel GP Ltd.

(Last) (First) (Middle)
89 MEDINAT HAYEHUDIM ST., BUILDING E

(Street)
HERZLIYA L3 4614001

(City) (State) (Zip)

1. Name and Address of Reporting Person*

OrbiMed Israel BioFund GP Limited Partnership

(Last) (First) (Middle)
89 MEDINAT HAYEHUDIM ST., BUILDING E

(Street)
HERZLIYA L3 4614001

(City) (State) (Zip)

Explanation of Responses:

1. This report is being jointly filed by OrbiMed Capital GP V LLC, OrbiMed Israel BioFund GP Limited, OrbiMed Israel GP Ltd., OrbiMed Israel Partners II, L.P., and OrbiMed Israel GP II, L.P. The Reporting Persons have designated Carl L. Gordon ("Gordon") and Erez Chimovits ("Chimovits") to serve on the Issuer's board of directors. This report shall not be deemed an admission that any of the Reporting Persons, Gordon, or Chimovits is a beneficial owner of the Issuer's securities for the purpose of Section 16 of the Exchange Act, or for any other purpose.

OrbiMed Capital GP V
LLC, /s/ Douglas Coon, 09/17/2020
Chief Compliance Officer

OrbiMed Israel BioFund
GP Limited, /s/ Douglas
Coon, Chief Compliance
Officer 09/17/2020

OrbiMed Israel GP Ltd.,
/s/ Douglas Coon, Chief
Compliance Officer 09/17/2020

OrbiMed Israel Partners II,
L.P., /s/ Douglas Coon, 09/17/2020
Chief Compliance Officer

OrbiMed Israel GP II, L.P.,
/s/ Douglas Coon, Chief
Compliance Officer 09/17/2020

** 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 5 (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.