FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-028							

37 Estimated average burden hours per response: 0.5

## 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

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1. Name and Address of Reporting Person* <u>Grossi Federico</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
																Directo Officer	or (give title		10% Ov Other (s		
(Last)	(F		3. Date of Earliest Transaction (Month/Day/Year)											below)		below)	,,,,,				
C/O APELLIS PHARMACEUTICALS, INC							04/11/2018										See R	emar	'KS		
6400 WI	ESTWIND	$\vdash$																			
(O1 1)		.   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) CRESTV	WOOD K	Y	40014										:	X Form filed by One Reporting Person							
																Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																		
		Tab	le I - Nor	-Deriv	ative	Se	curiti	ies Ac	quir	red, D	isp	osed c	of, or Bo	ene	ficiall	y Owned	d I				
1. Title of	Security (Ins	str. 3)		2. Trans	action		2A. De		3.				ities Acqu			5. Amou				7. Nature	
Date (Mont					n/Day/Year)		Execution Date, if any (Month/Day/Year		Code (Instr. 5)			ed Of (D) (Instr. 3, 4			Benefici	ally (D)		m: Direct or Indirect Instr. 4)	of Indirect Beneficial Ownership		
						l'				ode V	,	Amount	(A)	or Price		Transact	Reported Transaction(s)		· [	(Instr. 4)	
	G 1		. (2.0.4	(2010			+		4		(D)	+	40.0	(Instr. 3 and 4)							
Common Stock 04/11/							/2018			M		8,500 A		\$3.2	8,500			D			
		1	able II - I													Owned					
	1					caii	<del>-</del>						ble sec		ies)					1	
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)		n of		Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Exp Dat	xpiration ate	Title	or Nu of	nount imber ares						
Stock Option (right to buy)	\$3.2	04/11/2018			М			8,500	(	(1)	12/	11/2024	Common Stock	8,	,500	\$0.00	61,823	3	D		

### **Explanation of Responses:**

1. This option was granted on December 12, 2014 and has vested as to 25% of the shares underlying the options on the first anniversary of the grant, with the remaining 75% of the shares underlying the options vesting in equal monthly installments thereafter through the fourth anniversary of the grant, subject to continued service.

#### Remarks:

Executive Vice President - Clinical Development

/s/ David Watson, attorney-infact for Federico Grossi

04/12/2018

\*\* 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.