The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: Estimated average burden hours per response:

Notice of Exempt Offering of Securities

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Names	X None	Entity Type
0001492422			X Corporation
Name of Issuer			Limited Partnership
Apellis Pharmaceuticals, Inc.			Limited Liability Company
Jurisdiction of Incorporation/C	organization		
DELAWARE			General Partnership
Year of Incorporation/Organiza	ation		Business Trust
Over Five Years Ago			Other (Specify)
X Within Last Five Years (S	necify Year) 2009		_
Yet to Be Formed	poony reary 2009		
Tet to be I office			
2. Principal Place of Busines	ss and Contact Information		
Name of Issuer			
Apellis Pharmaceuticals, Inc.			
Street Address 1		Street Address 2	
6400 WESTWIND WAY		SUITE A	
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
CRESTWOOD	KENTUCKY	40014	502-569-1053
3. Related Persons			
Last Name	First Name		Middle Name
François	Cedric		
Street Address 1	Street Address 2		
6400 Westwind Way	Suite A		
City	State/Province/Co	ountry	ZIP/PostalCode
Crestwood	KENTUCKY		40014
Relationship: X Executive Of	fficer X Director Promoter		
Clarification of Response (if N	ecessary):		
Last Name	First Name		Middle Name
Deschatelets	Pascal		
Street Address 1	Street Address 2		
6400 Westwind Way	Suite A		
City	State/Province/Co	ountry	ZIP/PostalCode
Crestwood	KENTUCKY		40014
Relationship: X Executive Of	fficer Director Promoter		
—Clarification of Response (if N	ecessary):		
Last Name	First Name		Middle Name
Machiels	Alec		
Street Address 1	Street Address 2		
Pegasus Capital Advisors, L.P.	505 Park Avenue, 2	lst Floor	

City	State/Province/Country	ZIP/PostalCode	
New York	NEW YORK	10022	
Relationship: Executive Officer	✓ Director Promoter		
Clarification of Response (if Necessa	ary):		
Last Name	First Name	Middle Name	
O'Brien	Stephanie		
Street Address 1	Street Address 2		
2nd Floor, Le Prince de Galles	3-5 Avenue des Citronniers		
City	State/Province/Country	ZIP/PostalCode	
Monaco	MONACO	MC98000	
Relationship: Executive Officer	V Director Promoter		
Clarification of Response (if Necessa	ary):		
Last Name	First Name	Middle Name	
Chan	Gerald		
Street Address 1	Street Address 2		
2nd Floor, Le Prince de Galles	3-5 Avenue des Citronniers		
City	State/Province/Country	ZIP/PostalCode	
Monaco	MONACO	MC98000	
Relationship: Executive Officer	▼ Director Promoter		
Clarification of Response (if Necessa	ary):		
4. Industry Group			

Agriculture	Health Care	Retailing
Banking & Financial Services	Biotechnology	Restaurants
Commercial Banking	Health Insurance	Technology
Insurance	Hospitals & Physicians	Computers
Investing	X Pharmaceuticals	Telecommunications
Investment Banking		
Pooled Investment Fund	Other Health Care	Other Technology
Is the issuer registered as an investment company under	Manufacturing Real Estate	Travel
the Investment Company		Airlines & Airports
Act of 1940?	Commercial	Lodging & Conventions
∐Yes ∐No	Construction	Tourism & Travel Services
Other Banking & Financial Services	REITS & Finance	Other Travel
	Residential	Other
Business Services	Other Real Estate	
Energy		
Coal Mining		
Electric Utilities		
Energy Conservation		
Environmental Services		
Oil & Gas		
Other Energy		
5. Issuer Size		
Revenue Range OR	Aggregate Net Asset Va	alue Range
X No Revenues	No Aggregate Net As	sset Value
\$1 - \$1,000,000	\$1 - \$5,000,000	
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000	
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,00	00,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,0	000,000
Over \$100,000,000	Over \$100,000,000	
Decline to Disclose	Decline to Disclose	
Not Applicable	Not Applicable	
6. Federal Exemption(s) and Exclusion(s) Cla	imed (select all that apply)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505	
Rule 504 (b)(1)(i)	X Rule 506	
Rule 504 (b)(1)(ii)	Securities Act Secti	ion 4(5)
Rule 504 (b)(1)(iii)	Investment Compar	

	3(c)(1)	Section 3(c)(9)		
Section	3(c)(2)	Section 3(c)(10)		
Section	3(c)(3)	Section 3(c)(11)		
Section		Section 3(c)(12)		
Section		Section 3(c)(13)		
Section	3(c)(6)	Section 3(c)(14)		
Section	3(c)(7)			
7. Type of Filing				
X New Notice Date of First Sale 2013-07-30 First Sale Yet Amendment	to Occur			
Amendment				
8. Duration of Offering				
Does the Issuer intend this offering to last more than one year?	Yes X	No		
9. Type(s) of Securities Offered (select all that apply)				
X Equity		Pooled Investment Fund Interests		
Debt		Tenant-in-Common Securities		
Option, Warrant or Other Right to Acquire Another Security		Mineral Property Securities		
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other (describe)				
10. Business Combination Transaction				
Is this offering being made in connection with a business combinemerger, acquisition or exchange offer?	ation transa	action, such as a Yes X No		
Clarification of Response (if Necessary):				
11. Minimum Investment				
Minimum investment acconted from any outside investor to LICD)			
Minimum investment accepted from any outside investor \$0 USD	,			
12. Sales Compensation	,			
12. Sales Compensation		t CRD Number X None		
12. Sales Compensation Recipient	Recipient	t CRD Number X None		
12. Sales Compensation	Recipient	ted) Broker or Dealer CRD Number X None		
12. Sales Compensation Recipient (Associated) Broker or Dealer X None	Recipient (Associal Street Ad	ted) Broker or Dealer CRD Number X None	ZIP/Postal Code	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1	Recipient (Associat Street Ad State/Pro	ted) Broker or Dealer CRD Number X None	ZIP/Postal Code	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply)	Recipient (Associat Street Ad State/Pro	ted) Broker or Dealer CRD Number X None Idress 2 vince/Country	ZIP/Postal Code	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States All States	Recipient (Associat Street Ad State/Pro	ted) Broker or Dealer CRD Number X None Idress 2 vince/Country	ZIP/Postal Code	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts	Recipient (Associat Street Ad State/Pro	ted) Broker or Dealer CRD Number X None Idress 2 vince/Country	ZIP/Postal Code	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts Total Offering Amount \$8,000,000 USD or Indefinite	Recipient (Associat Street Ad State/Pro	ted) Broker or Dealer CRD Number X None Idress 2 vince/Country	ZIP/Postal Code	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts Total Offering Amount \$8,000,000 USD or Indefinite Total Amount Sold \$6,000,000 USD	Recipient (Associat Street Ad State/Pro	ted) Broker or Dealer CRD Number X None Idress 2 vince/Country	ZIP/Postal Code	
12. Sales Compensation	Recipient (Associat Street Ad State/Pro	ted) Broker or Dealer CRD Number X None Idress 2 vince/Country	ZIP/Postal Code	
12. Sales Compensation Recipient (Associated) Broker or Dealer X None Street Address 1 City State(s) of Solicitation (select all that apply) Check "All States" or check individual States 13. Offering and Sales Amounts Total Offering Amount \$8,000,000 USD or Indefinite Total Amount Sold \$6,000,000 USD or Indefinite Clarification of Response (if Necessary):	Recipient (Associat Street Ad State/Pro Foreig	ted) Broker or Dealer CRD Number None Idress 2 prince/Country gn/non-US	ZIP/Postal Code	

15. Sales Commissions & Finder's Fees Expenses
Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.
Sales Commissions \$0 USD Estimate
Finders' Fees \$0 USD Estimate
Clarification of Response (if Necessary):
16. Use of Proceeds
Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.
\$0 USD Estimate
Clarification of Response (if Necessary):
Signature and Submission

file this notice. Terms of Submission

In submitting this notice, each issuer named above is:

• Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to

- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Apellis Pharmaceuticals, Inc.	Pascal Deschatelets	Pascal Deschatelets	Chied Operating Officer	2013-08-02

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.

^{*} This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.