Check Section FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

**OMB APPROVAL** OMB Number: 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*  Watson David O.						2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC 6400 WESTWIND WAY, SUITE A				09	3. Date of Earliest Transaction (Month/Day/Year) 09/14/2018								X Officer (give title Other (specify below)  General Counsel						
(Street) CRESTV (City)	RESTWOOD KY 40014				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	Non-Deri	vativ	e Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	eneficia	lly Owned					
Date			2. Transac Date (Month/Da		/Year) Execu		Deemed cution Date, y nth/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a				(Instr. 4)	
Common Stock 09/14/20				2018	.8			M		32,818	A	\$2.67	32,8	318	D				
Common Stock 09/14/20				2018	18			S		15,776	D	\$18.784	(1) 17,0	/42 Г		D			
Common Stock												10,0	000		T I	See Footnote <sup>(2)</sup>			
		7	Γable Ι								posed of, , converti			y Owned		'			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)			vative urities uired or oosed o) (Instr.	Expira	e Exer ation D :h/Day/		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	er					
Stock Option (right to	\$2.67	09/14/2018			М			32,818	(3	3)	12/31/2023	Common Stock	32,818	\$0.00	27,505		D		

## **Explanation of Responses:**

- 1. The price reported is a weighted average. The shares were sold in multiple transactions at prices per share ranging from \$18.50 to \$19.025, inclusive. The reporting person undertakes to provide to Apellis Pharmaceuticals, Inc. ("Apellis"), any security holder of Apellis, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 2. The securities are held by The Watson Education Trust (the "Trust"), for which the reporting person serves as trustee. The reporting person disclaims beneficial ownership over the shares held by the Trust except to the extent of his pecuniary interest therein.
- 3. This option was granted on January 1, 2014 and has fully vested.

## Remarks:

/s/ David Watson

09/17/2018

\*\* 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.