FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

1. Name and Address of Reporting Person* DeLong Mark Jeffrey					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)	•	irst) .RMACEUTICA	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024								below)	r (give title Other (s below) f Business & Strat Office			specify	
100 FIFTH AVENUE, 3RD FLOOR					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	AM M	IA	02451											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transac satisfy the affirmative defense condition														n or written	plan th	at is intende	d to		
		Tab	le I - N	on-Deri	ivativ	e Sec	curities	s Ac	quired	l, Di	sposed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)				es Forr ially (D) o Following (I) (II		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 01/16/20					/2024	4		A		16,963(1)	A	\$ <mark>0</mark>	68	68,585		D			
Common Stock 01/16/20				/2024	024		S ⁽²⁾		1,631	D	\$66.808	86 66,954			D				
		•	Table II								posed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion Exercise rice of erivative		3A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.			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 Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$66.3	01/16/2024			A		24,666		(3)		01/15/2034	Common Stock	24,666	\$66.3	24,660	6	D		

Explanation of Responses:

- 1. This represents an award of Restricted Stock Units granted 01/16/2024 that vests annually from grant date over a four year period subject to continued service.
- 2. This represents shares sold to cover tax withholding on the Restricted Stock Units released on 01/12/2024.
- 3. This represents a stock option award granted 01/16/2024 that vests over a four year period. 25% vests one year from grant date and the remaining 75% vests monthly thereafter subject to continued service.

/s/ David Watson, attorney-in-01/17/2024 fact for Mark DeLong

** 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.