FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| asi | ning | ton, | D.C. | 20549 | |
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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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person* Townsend Adam J. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [APLS] | | | | | | | (Ch | elationship eck all appli Directo | cable) or | g Pers | 10% Ov | vner | | |
|--|---|--|---|---------|----------------------------------|--|--------|---|-----------------|--|---|-----------|--------|---|---|---|-------------------------------------|--|--|------------|
| | ELLIS PHA | irst) RMACEUTICA E, 3RD FLOOR | 1 | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2022 | | | | | | | | X Officer (give title Other (specif below) Chief Commercial Officer | | | эроопу | | | |
| (Street) WALTH | | | 02451 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | e) X Form t Form t | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (0) | | | 2 Doriv | otivo | | ouriti | ioc Ac | auiro | 1 Di | | sod o | f or E | Pono | ficial | ly Owner | . | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | ction 2A. Deemed Execution Date, | | | 3. 4. Secur Transaction Dispose Code (Instr. 5) | | . Securit | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | A) or | 5. Amou Securiti Benefici Owned | unt of 6. O Formially (D) (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Cod | e V | Aı | | | or | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | Stock | | | 08/03 | 3/2022 | /2022 | | S ⁽¹ | | T | 5,000 | | D | \$56.4 | 43 37,907 | | | D | | |
| Common Stock 08/03/2 | | | | | 3/2022 | /2022 | | M ⁽¹ |) | | 5,000 A | | \$15.0 | 9 42 | 42,907 | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | n of E | | s. Date Exercisal Expiration Date Month/Day/Year | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | | Expir Date | ration | Title | or Nu of | umber | | | | | |
| Stock Option (Right to | \$15.09 | 08/03/2022 | | | M ⁽¹⁾ | | | 5,000 | (2) | | 11/15 | 5/2028 | Commo | | ,000 | \$0 | 365,000 | 0 | D | |

Explanation of Responses:

- 1. This is a scheduled exercise and sale form an established 10b5-1 plan.
- 2. This represents a stock option granted 11/16/2018 that vest 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.

/s/ David Watson, attorney-infact for Adam Townsend

08/04/2022

** Signature of Reporting Person

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.