## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruct	ion 10.																		
Name and Address of Reporting Person*     O'Brien Stephanie Monaghan					2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025										er (give title		Other (s below)			
100 FIFTH AVENUE, 3RD FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WALTH	AM M	Α	02451										Form f	Form filed by One Reporting Persor Form filed by More than One Repor Person			- 1		
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transad Date (Month/Da	Execution Date,			Code (Instr. 5)							es For ally (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
Common Stock 01/0			01/01/	/2025		<b>A</b> <sup>(1)</sup>		6,26	6,267 A		\$ <mark>0</mark>	17,705			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)	Derivative Conversion Date Execution Date Courity or Exercise (Month/Day/Year) if any		Co	Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	ode '	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Ni of	umber					
Stock Option (Right to Buy)	\$31.91	01/01/2025		1	A		11,199		(2)	1	2/31/2032	Commo Stock	n 1	1,199	\$0	11,19	9	D	

## Explanation of Responses:

- 1. This restricted stock unit was granted on January 1, 2025. The restricted stock unit will fully vest on the first anniversary of the date of grant, subject to his continued service as a director, or upon later termination of his service as a director at his election.
- 2. This option was granted on January 1, 2025. The option vests quarterly on the last day of each quarter from the date of grant, subject to his continued service as a director and expires seven years after the date of grant.

/s/ David Watson, attorney-infact for Stephanie O'Brien

01/03/2025

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.