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Apellis & Sobi Collaboration for Systemic Pegcetacoplan

October 27, 2020

Forward-looking Statements

Statements in this press release about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, may constitute “forward-looking statements” within the meaning of The Private Securities Litigation Reform Act of 1995. These statements include, but are not limited to, statements relating to the implications of preliminary clinical data. The words “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “target,” “will,” “would” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: whether the company’s clinical trials will be fully enrolled and completed when anticipated; whether preliminary or interim results from a clinical trial will be predictive of the final results of the trial; whether results obtained in preclinical studies and clinical trials will be indicative of results that will be generated in future clinical trials; whether pegcetacoplan will successfully advance through the clinical trial process on a timely basis, or at all; whether the results of the company’s clinical trials will warrant regulatory submissions and whether pegcetacoplan will receive approval from the FDA or equivalent foreign regulatory agencies for GA, PNH, CAD, C3G, IC-MPGN, ALS or any other indication when expected or at all; whether, if Apellis’ products receive approval, they will be successfully distributed and marketed; and other factors discussed in the “Risk Factors” section of Apellis’ Quarterly Report on Form 10-Q filed with the Securities and Exchange Commission on July 30, 2020 and the risks described in other filings that Apellis may make with the Securities and Exchange Commission. Any forward-looking statements contained in this press release speak only as of the date hereof, and Apellis specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.

Apellis Participants

CEDRIC FRANCOIS, M.D., Ph.D.
Co-Founder & Chief Executive Officer

FEDERICO GROSSI, M.D., Ph.D.
Chief Medical Officer

TIMOTHY SULLIVAN
Chief Financial Officer

ADAM TOWNSEND
Chief Commercial Officer

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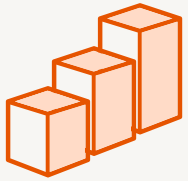
sobi
rare strength

COLLABORATION WITH SOBI

for global co-development and ex-US commercialization rights
of systemic pegcetacoplan for up to
$1.25 billion plus tiered double-digit royalties

Transformative Collaboration Expands Broad Platform Potential of Targeting C3

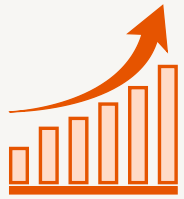
Up to **$1.25 billion**
plus tiered double-digit royalties



Rapidly advance
5 registrational programs
impacting >275,000 patients globally

Retain worldwide rights for
geographic atrophy,
a Phase 3 program with blockbuster potential

Position of financial strength,
extending runway into the second half of 2022



Sobi: A Global Leader in Hematology and Rare Disease

sobi
rare strength

Established rare disease commercial organization

- 56% revenue growth for 2019
- 15 marketed products, including ELOCTA®
- 1,500 employees in 30 countries

Growing global footprint

- Delivers medicines to patients in 70 countries
- Strong presence in Europe
- Expanding into China and Japan

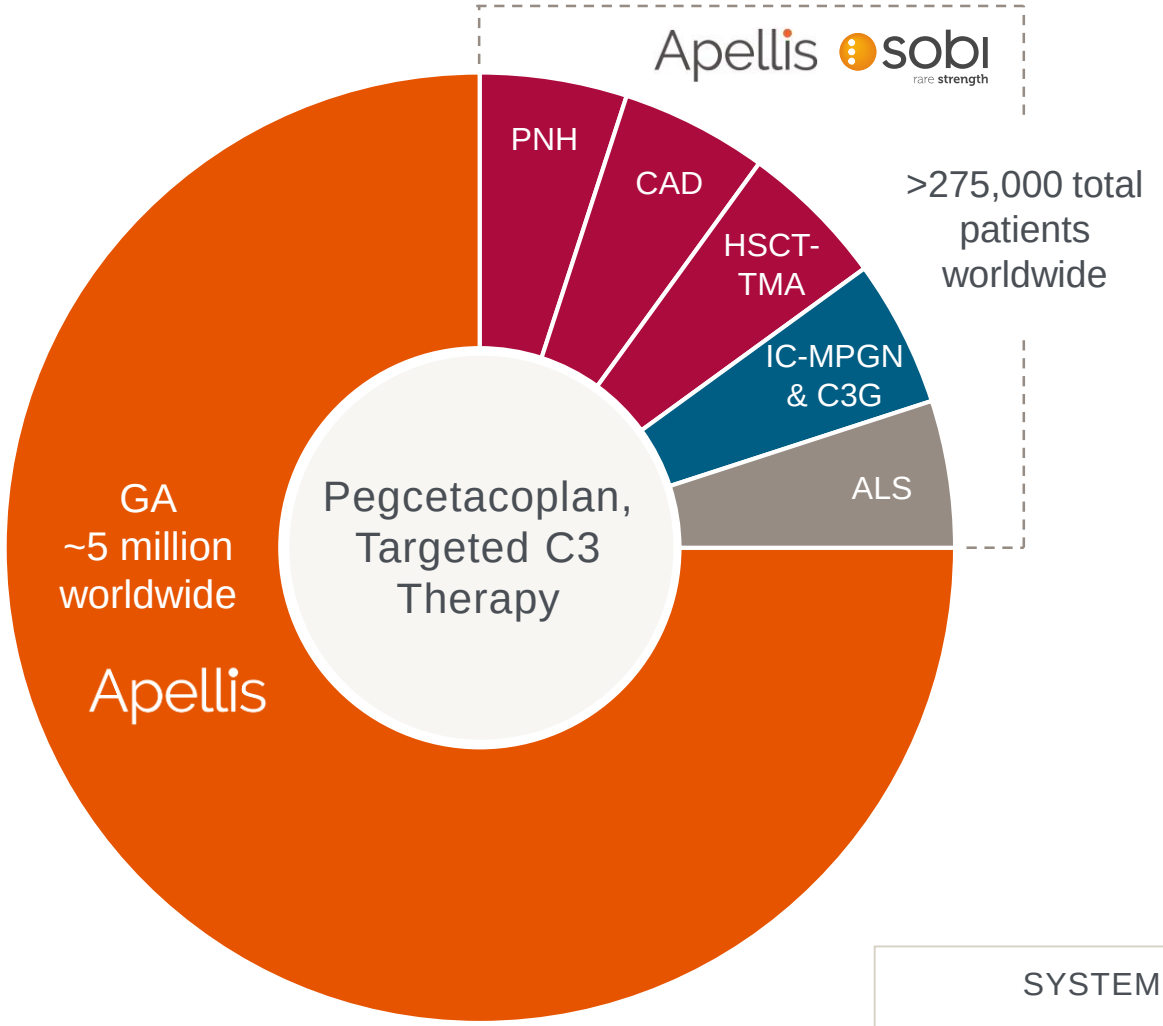
Strong clinical development expertise

- 10 late-stage programs in hematology, immunology and specialty care

Shared values and culture

- Deep commitment to patients
- Highly motivated
- Partnership of peers

Targeting C3: Broad Potential across Multiple Serious Diseases



SYSTEMIC PEGCETACOPLAN

- Advancing 5 registrational programs across hematology (PNH, CAD, HSCT-TMA), nephrology (IC-MPGN/C3G), and neurology (ALS)
- Rare diseases with few or no treatments available today

INTRAVITREAL PEGCETACOPLAN

- Retain global rights for Phase 3 GA program
- No approved therapies and blockbuster commercial potential
- Phase 3 DERBY & OAKS top-line results expected in 3Q21

SYSTEMIC PEGCETACOPLAN

Hematology Nephrology Neurology

INTRAVITREAL PEGCETACOPLAN

Ophthalmology

Paroxysmal Nocturnal Hemoglobinuria (PNH)

Hematology

Disease Background:

- Rare, chronic, life-threatening blood disorder associated with abnormally low hemoglobin levels due to hemolysis
- Symptoms include severe fatigue, chest pains, difficulty breathing, and transfusion dependence

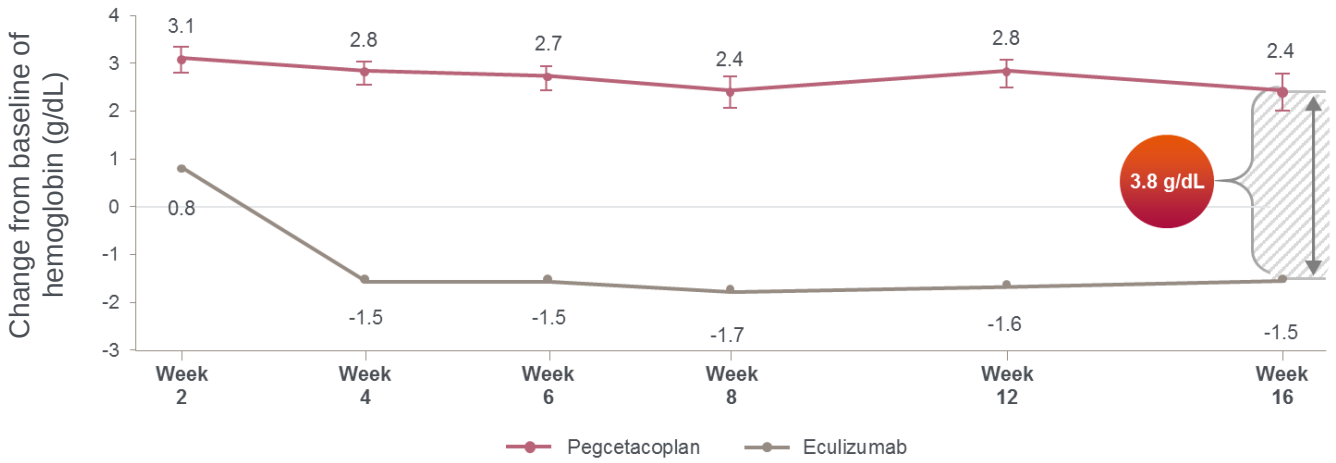
Current Treatments: C5 inhibitors

Market Opportunity: ~15,000 patients worldwide[1]

Next Steps: FDA decision on NDA acceptance expected in 4Q20. PEGASUS 48-week top-line results by end of 2020. PRINCE top-line in 1H21

PEGASUS Study: Week 16

LS mean (± SE) plot of change from baseline in hemoglobin using MMRM model over time – randomized controlled period (ITT set)



APL2-302; NCT03500549

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Sources: 1. Hill A, et al. Blood. 2006;108(11):985.

Cold Agglutinin Disease (CAD)

Hematology

Disease Background:

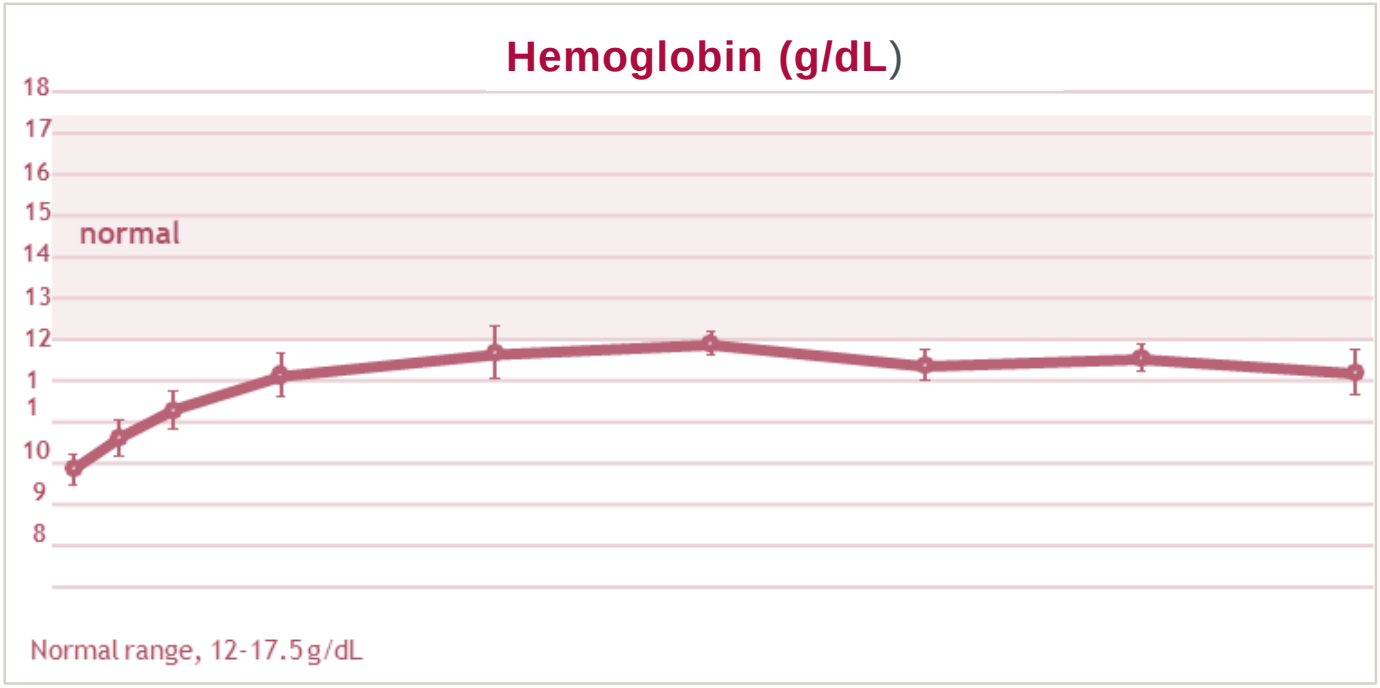
- Chronic and severe red blood disorder driven by extravascular hemolysis (IgM)
- Symptoms include anemia, transfusion requirements, and increased risk of thrombotic events like stroke or heart attack

Current Treatments: No approved therapies

Market Opportunity: ~10,500 patients in US and Europe[1]

Next Steps: Initiate Phase 3 trial in 2021 (Sobi to take operational responsibility)

Interim Results: PLAUDIT Study



APL2-CP-AIHA-208; NCT03226678[2]

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Sources: 1. Catenion using physician and literature consensus.. 2. Fattizzo B, et al. European Hematology Association. June 13-16, 2019.

Hematopoietic Stem Cell Transplantation (HSCT) – associated Thrombotic Microangiopathy (TMA)

Hematology

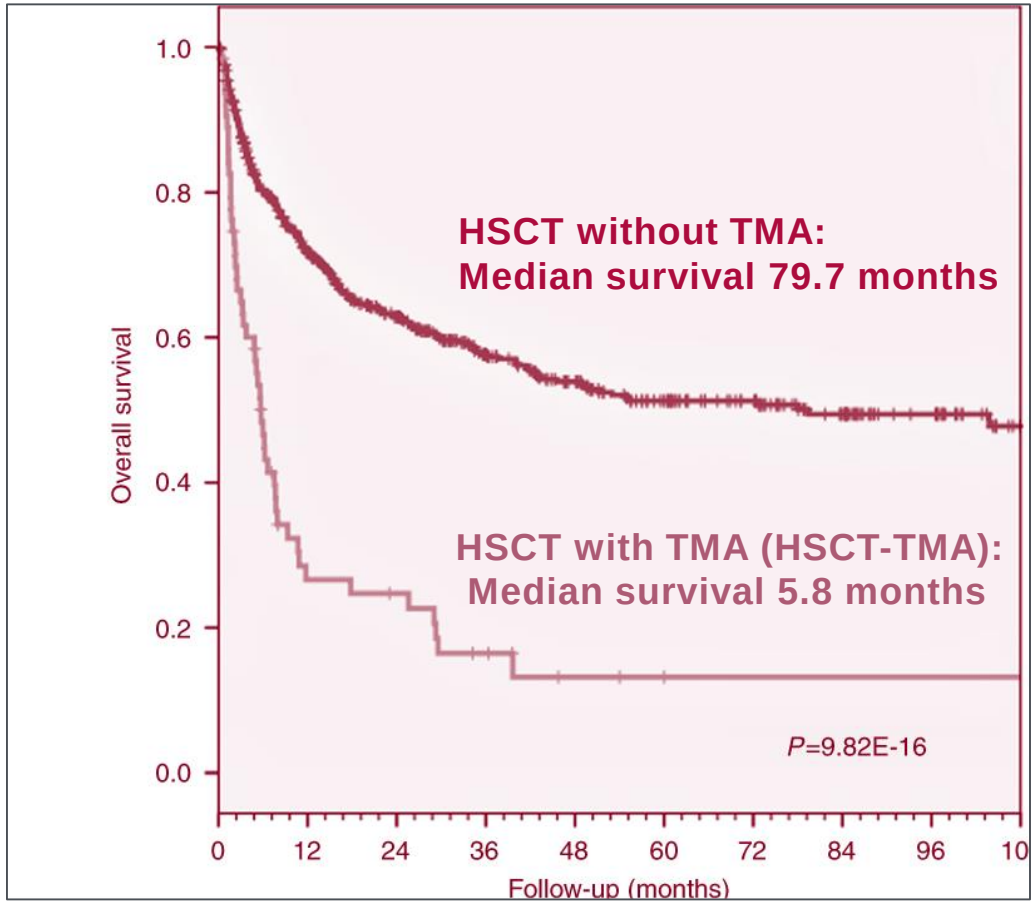
Disease Background:

- HSCT-TMA is a rare inflammatory and thrombotic condition characterized by hemolytic anemia, thrombocytopenia, and evidence of multi-organ damage, particularly renal dysfunction[1]
- C3 is believed to play a critical role in TMA based on proinflammatory and procoagulant properties of C3a and C3b[2]

Current Treatments: No approved therapies

Market Opportunity: ~9,000 and ~18,000 allogeneic transplants conducted in U.S. and EU+ annually.[3,4] TMA incidence can be up to 40%[5]

Next Steps: Initiate potentially registrational Phase 2 study in 2021 (Sobi to take operational responsibility)



Kraft S, et al. Bone Marrow Transplant. 2019, 54, 540–548

1. Dvorak C, et al. Frontiers in Pediatrics. 2019, Vol 7, article 133
2. Noris M, et al. Nature Reviews Nephrology. 2012, 8: 622–633
3. Current Uses and Outcomes of Hematopoietic Cell Transplantation (HCT): CIBMTR Summary Slides
4. Passweg et al, BMT. 2019, 38: 1575–1585
5. Jodele et al, Blood. 2014, 124(4): 645–653

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Immune Complex Membranoproliferative Glomerulonephritis (IC-MPGN) & C3 Glomerulopathy (C3G)

Nephrology

Disease Background:

- Rare kidney diseases caused by excessive complement activation that can lead to kidney failure
- C3G is associated with ~85% transplant recurrence
- Classical and alternative pathways implicated in IC-MPGN

Current Treatments: No approved therapies

Market Opportunity: ~18,000 patients in US and Europe[2]

Next Steps: First patient dosed by end of the year in Phase 2 trial focused on histopathology of the kidney. First patient dosed in Phase 3 study in 1H21 (Apellis retains operational responsibility)

DISCOVERY Study: Week 48*

	Baseline Mean (SE)	Week 48 Mean (SE)	Difference
24-hour uPCR, mg/mg	3.48 (0.82)	0.93 (0.27)	(73.3%)

*In five C3G patients; three patients were excluded from the analysis due to self-reported non-compliance or study drug interruption

APL2-201; NCT03453619[1]

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Sources: 1. Dixon BP et al. American Society of Nephrology (ASN) Kidney Week, Nov 5-10, 2019, Washington DC. FR-PO906. 2. ClearView Analysis using physician and literature consensus.

Amyotrophic Lateral Sclerosis (ALS)

Neurology

Disease Background:

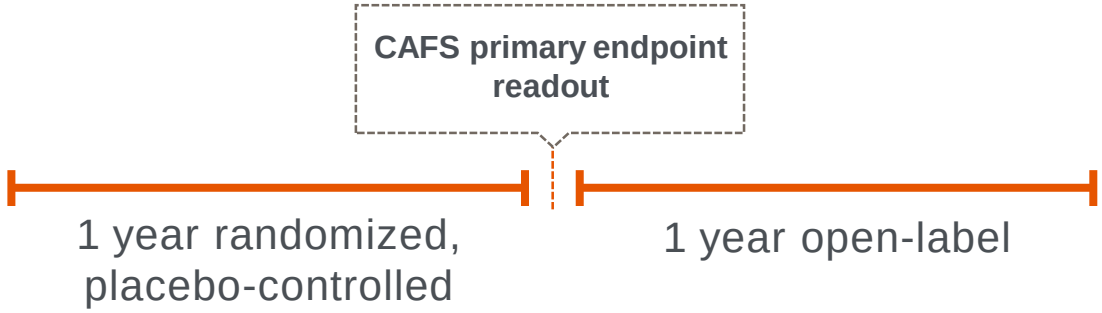
- Neurodegenerative disease that results in progressive muscle weakness and paralysis due to the death of nerve cells in the brain and spinal cord
- High levels of C3 throughout motor system of patients may contribute to neuroinflammation and death of motor neurons

Current Treatments: No approved therapies have been shown to stop or reverse disease progression

Market Opportunity: ~225,000 patients worldwide[1]

Next Steps: First patient dosed in potentially registrational Phase 2 study by end of 2020 (Apellis retains operational responsibility)

Potentially Registrational Phase 2 Study Design



Primary endpoint: Combined Assessment of Function and Survival at Week 52

Secondary endpoints: Measures of lung function, muscle strength, and quality of life

Design: Double blinded, randomized 2:1

Sample size: ~200 patients with sporadic ALS

Duration: 2 years

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Sources: 1. Arthur K et al. Nat Commun, 2016, Vol 7, article 12408

APL2-ALS-206; NCT04579666

Transformative Collaboration Expands Broad Platform Potential of Targeting C3

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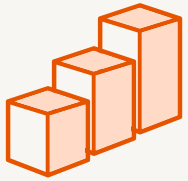

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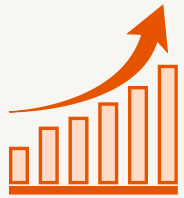
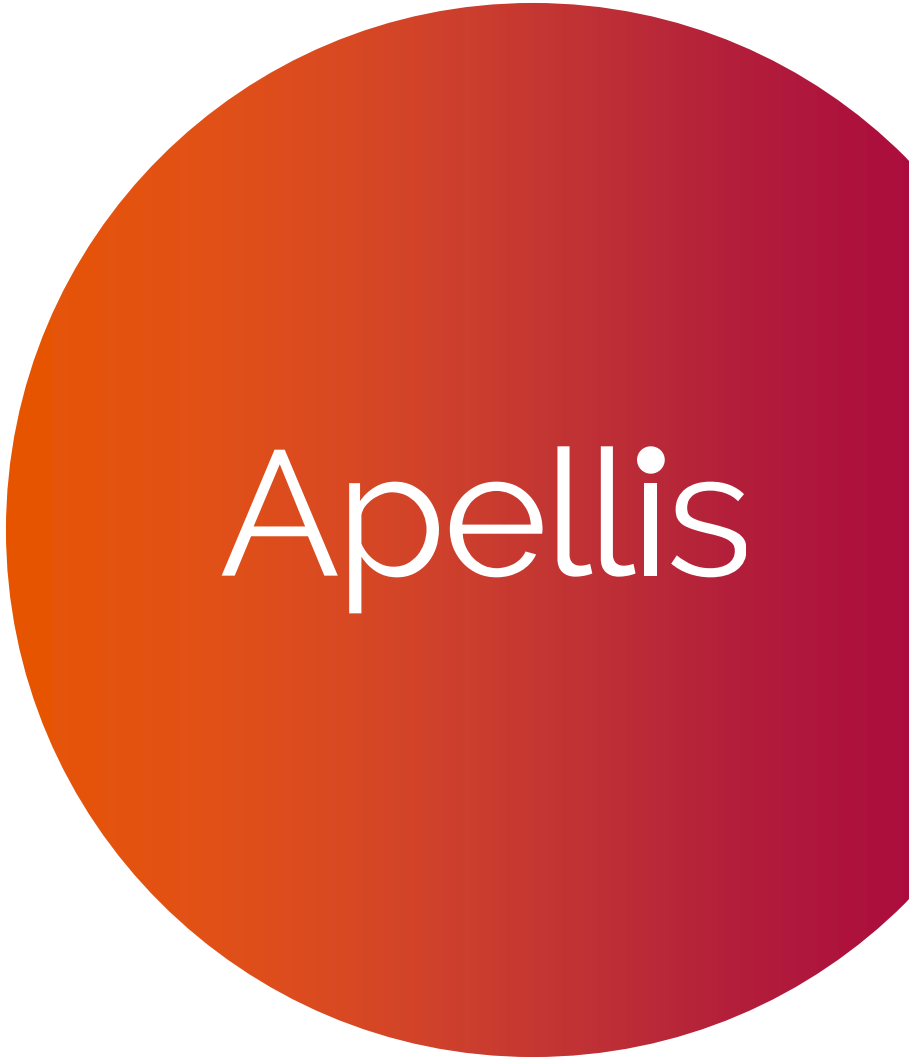


Our Sincere Thanks

to employees, patients, caregivers,

investigator & investors for their support



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Q & A

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