Apellis

COVID-19 Study Updates

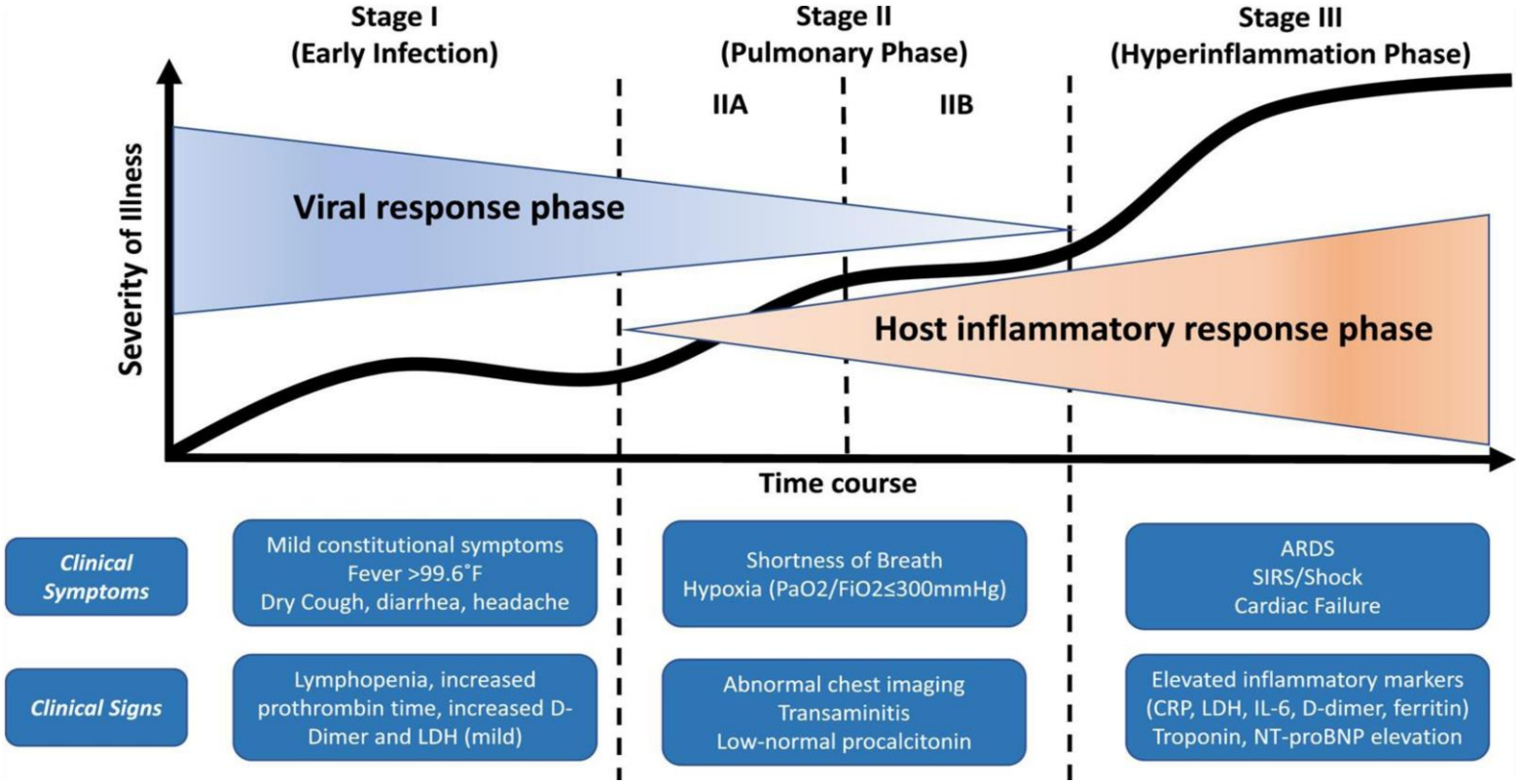
October 2020

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 severe COVID-19 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.

COVID-19 Pathogenesis

The most severe form of COVID-19 is a disease of hyperinflammation
where the main cause of lung and other organ injury is the body's own immune system



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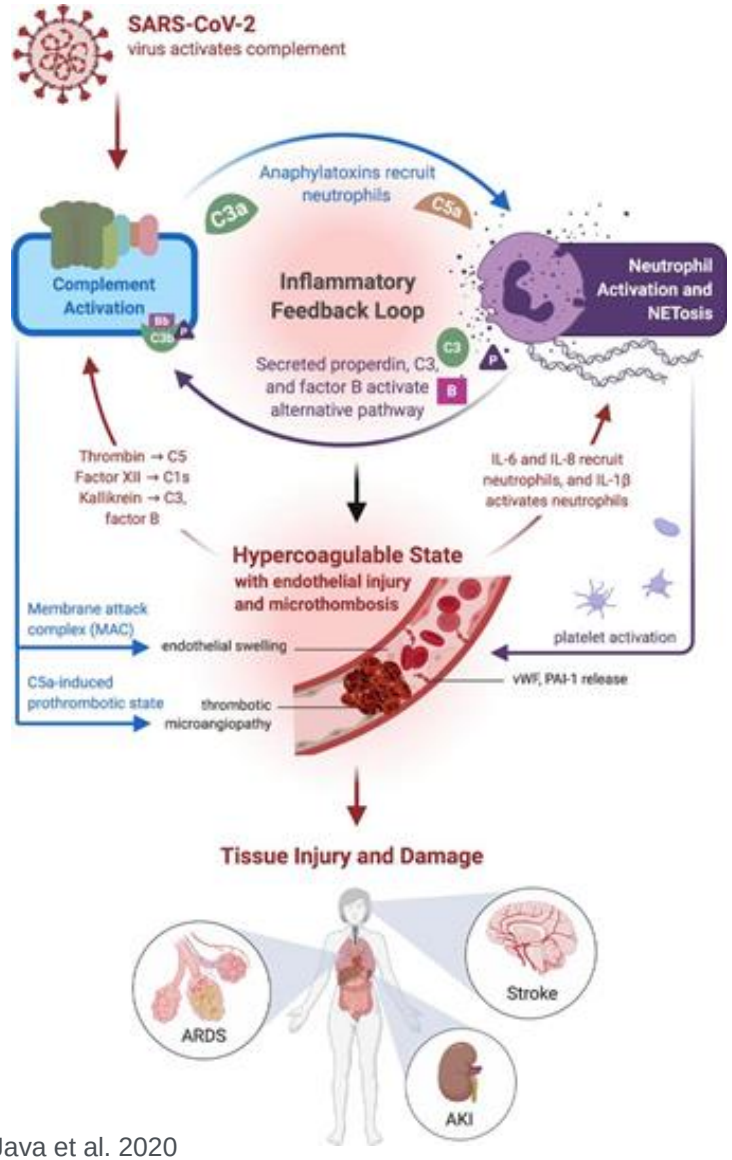
ARDS: acute respiratory distress syndrome
SIRS: systemic inflammatory response syndrome

Source: Nile et al. 2020

Complement as a Therapeutic Target for COVID-19



Source: Java et al. 2020

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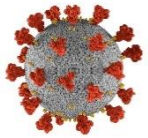
Selected Literature

Title	Treatment	N	Reference
Eculizumab treatment in patients with COVID-19: preliminary results from real life ASL Napoli 2 Nord experience.	Eculizumab	5	Diurno et al. (2020), Eur Rev Med Pharmacol Sci 24, 4040-4047.
Anti-complement C5 therapy with eculizumab in three cases of critical COVID-19	Eculizumab	3	Laurence et al. (2020), Clin Immunol 219, 108555.
The first case of COVID-19 treated with the complement C3 inhibitor AMY-101.	AMY-101	1	Mastaglio et al. (2020), Clin Immunol, 108450 https://www.ncbi.nlm.nih.gov/pubmed/32360516
Complement C3 vs C5 inhibition in severe COVID-19: early clinical findings reveal differential biological efficacy..	AMY-101 / Eculizumab	13	Mastellos et al. (2020), medRxiv, 2020.2008.2017.20174474
Anti-C5a antibody IFX-1 (vilobelimab) treatment versus best supportive care for patients with severe COVID-19 (PANAMO)	Vilobelimab	30	Vlaaar et al. (2020), Lancet Rheumatol.

APL-COV-001 Study



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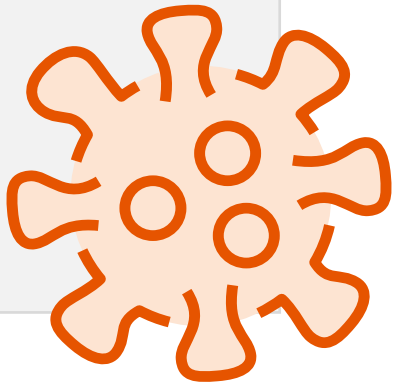
Objectives

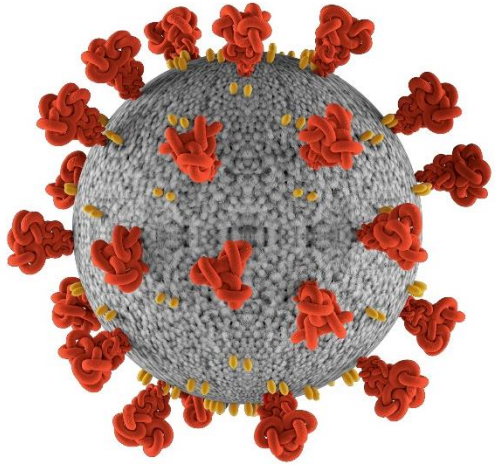
Assess the correlation between complement pathways activation and symptom severity in patients with COVID-19.



Study Design

- Noninterventional, observational study in patients presenting at the hospital with active COVID-19.
- Blood draws at baseline and at subsequent visits for up to 6 weeks.
- Recorded medical history, COVID-19-related symptoms, treatments, and concomitant medications.

APL-COV-001 Results



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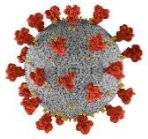
APL-COV-001:
Baseline demographics and disease characteristics



Characteristic	N=41
Age, mean (SD), years	66.8 (22.25)
Age Group, n (%)	
<65 years	19 (46.3)
≥65 years	22 (53.7)
Sex, n (%)	
Female	21 (51.2)
Male	20 (48.8)
Race, n (%)	
White	33 (80.5)
Asian	5 (12.2)
Black/African American	2 (4.9)
Native Hawaiian or Other Pacific Islander	1 (2.4)
National Early Warning Score	
Mean (SD)	6.5 (2.75)
Median (range)	7.0 (3–16)

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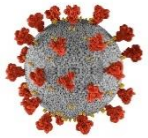
APL-COV-001: Results



Plasma concentrations of complement activation products

- Baseline Characteristics from 40 patients

	Bb (µg/mL)	C3 (mg/dL)	C3a (ng/mL)	C4 (mg/dL)	C4a (ng/mL)	TCC (ng/mL)	IL6 (pg/mL)	CRP (mg/dL)	LDH (U/L)
Mean	1.59	137	220	40.7	1679	238	66.3	7.72	279
Median	1.37	136	182	39.0	1612	187	19.8	5.08	224
Std Dev	1.074	26.2	147.4	17.16	637.6	167.2	110.30	7.614	162.5
ULN	1.49	162	49.4	52	1251	244	11.9	0.4	180
LLN	0.41	66	14.4	19	35	72	0	0	91
xULN (mean)	1.1	0.8	4.5	0.8	1.3	1.0	5.6	19.3	1.5
xULN (median)	0.9	0.8	3.7	0.7	1.3	0.8	1.7	12.7	1.2
% >ULN	**40.0%**	**12.5%**	**97.5%**	**17.5%**	**72.5%**	**27.5%**	**67.5%**	**90.0%**	**75.0%**

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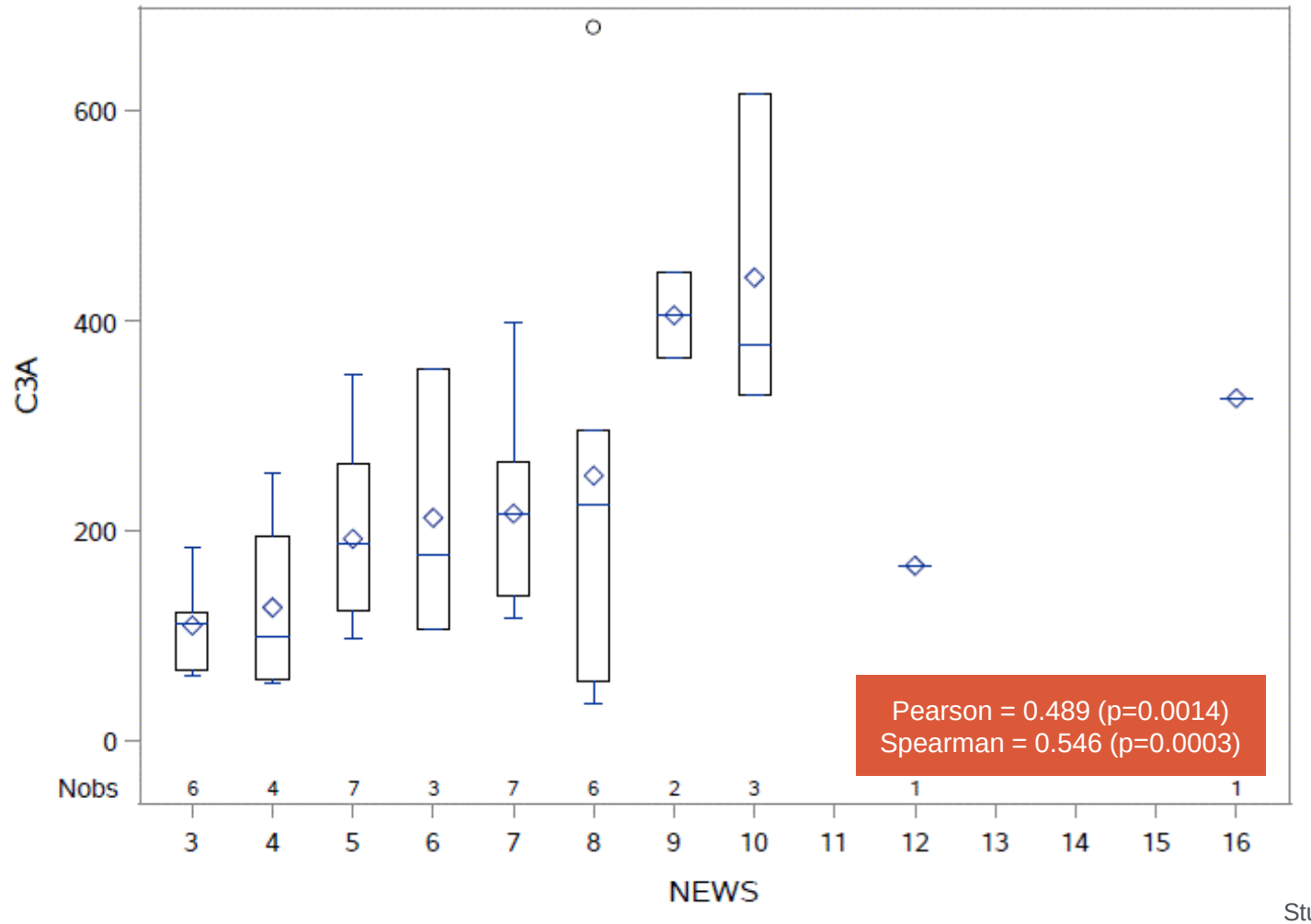
Complement Activation and Disease Severity

Correlation of baseline C3a levels with National Early Warning Score (NEWS)



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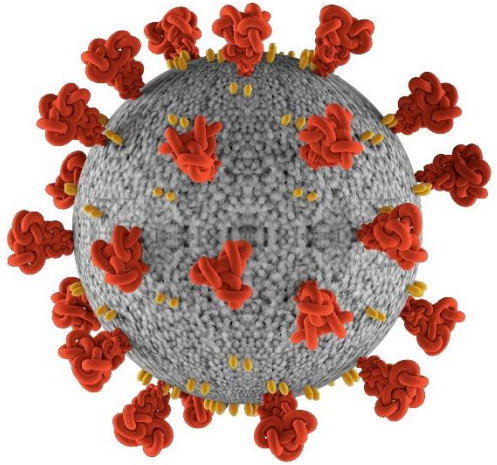
APL9-COV-201

Phase 1/2 study of APL-9, an investigational complement C3 inhibitor, for the treatment of severe COVID-19



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APL-COV-201: A Ph1/2 Study in Subjects with Acute Respiratory Distress Syndrome Secondary to COVID-19

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KEY PARAMETERS

N: 66 total

Duration: 28 days

Primary endpoint: cumulative incidence of SAEs

Secondary endpoints include:

- AEs
- Overall survival
- Length of stay in hospital
- Length of stay on ventilation/oxygen therapy

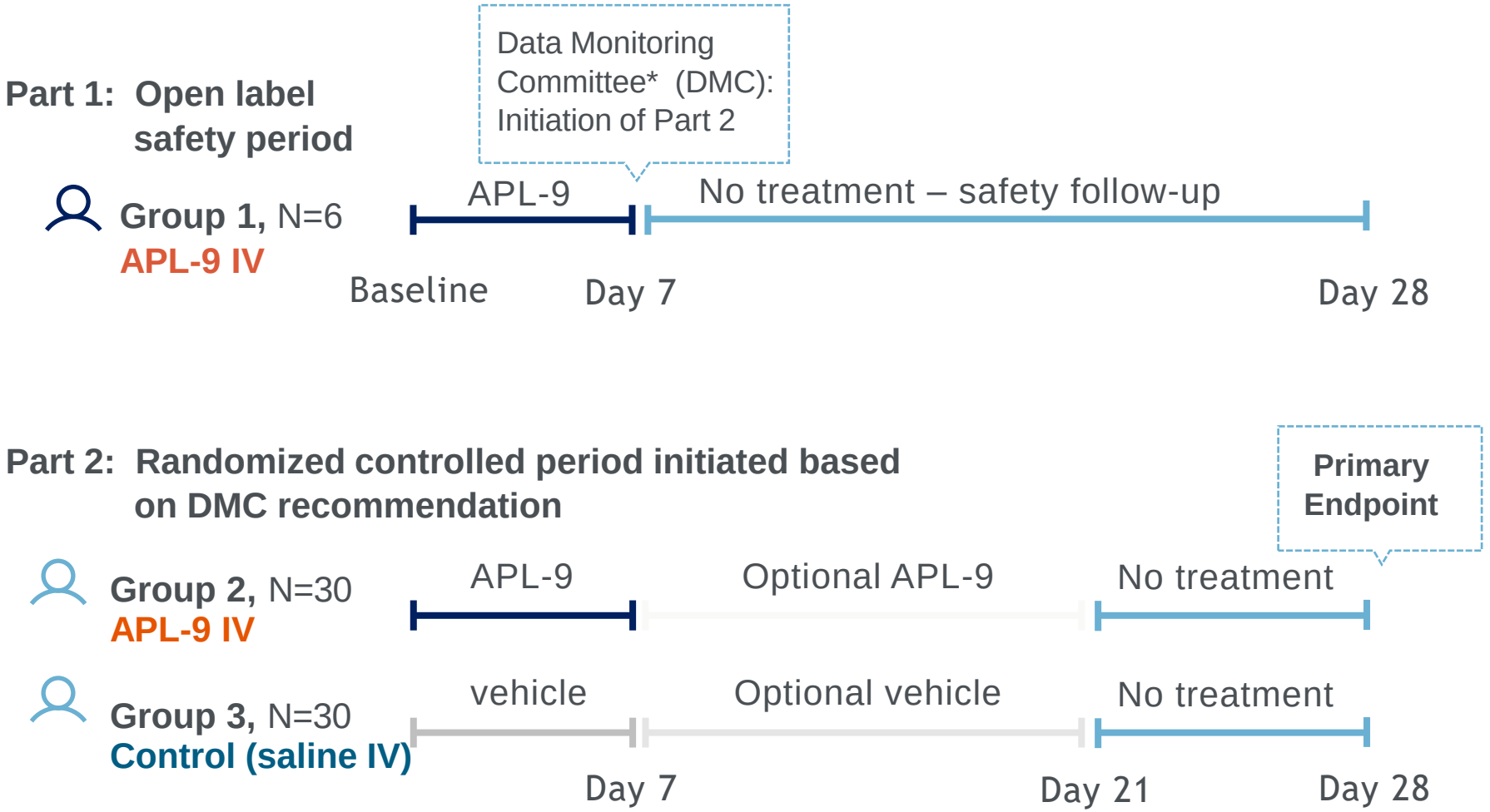
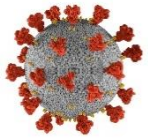


Image not drawn to scale

APL9-COV-201 Part 1
Primary endpoint: Treatment Emergent Adverse Events



	Part 1 (N=6)
Any TEAEs	3 (50.0)
TEAEs by Relationship to Study Drug	
Not Related	3 (50.0)
Unlikely Related	0
Possibly Related	0
Definitely Related	0
TEAEs by Severity	
Mild	1 (16.7)
Moderate	1 (16.7)
Severe	1 (16.7)
Any Serious TEAEs	1 (16.7)

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APL9-COV-201 Part 1

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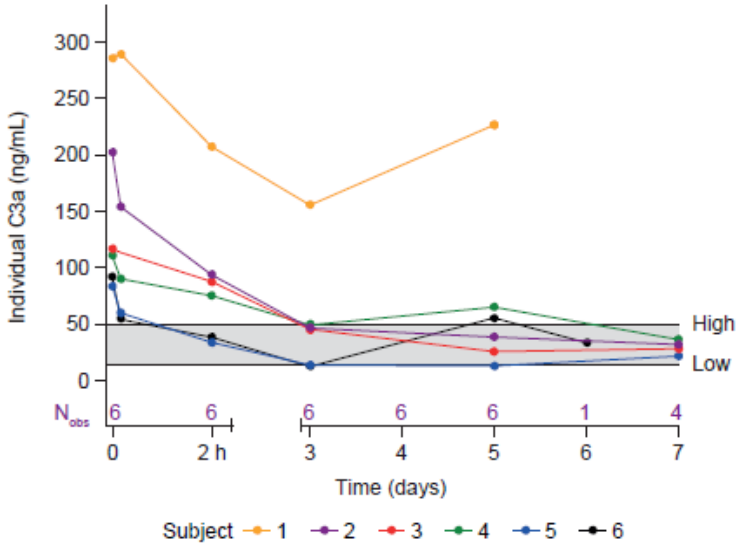
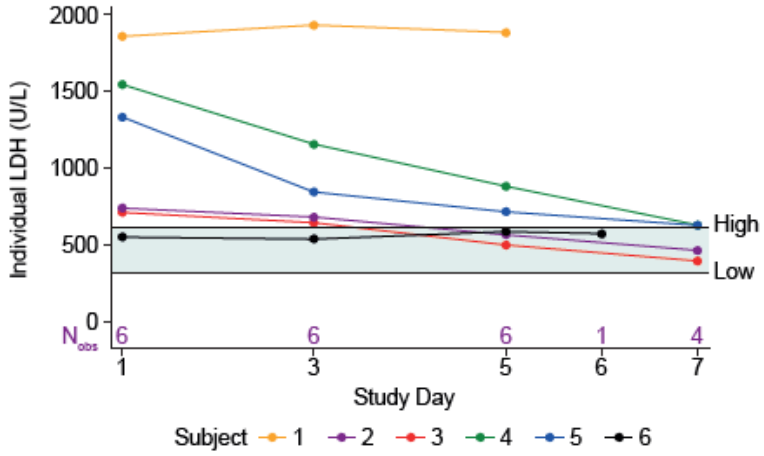
Selected Secondary Endpoints

- Hospital length of stay: 5/6 patients released from hospital within 6 -15 days
- Normalization of COVID associated biomarkers

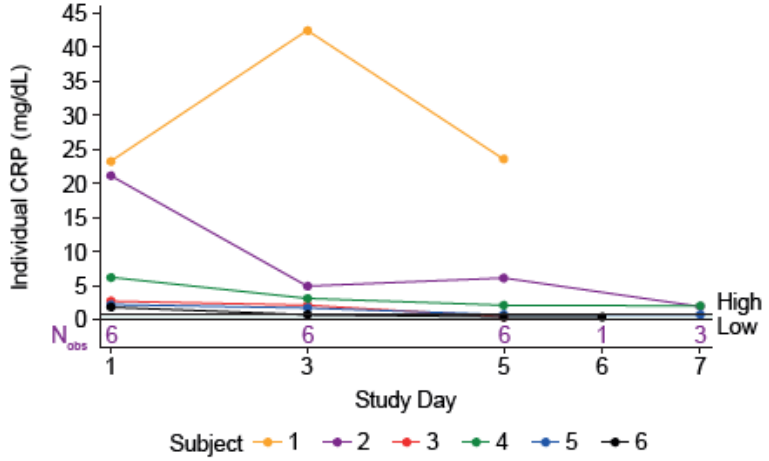
C3a



LDH



CRP



C3a Complement Component C3a,
LDH Lactase Dehydrogenase
CRP C-reactive protein

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THANK YOU