FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Λ	/as	hing	ton,	D.C.	205	49	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
- · · · · - · · · · · · · · · · · · · ·

OMB APPR	OVAL
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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

Name and Address of Reporting Person* Connecti Fordering						2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [APLS]										all appli	cable)	ng Per	son(s) to Is		
Grossi Federico					==											Directo	or		10% O	wner	
															X	Officer below)	(give title		Other (below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)										,		CAL	, ,	D	
C/O APELLIS PHARMACEUTICALS, INC.					109/	09/28/2021										CIIII	CHIEF MEDICAL OFF		OFFICE	X	
100 FIFTH AVENUE, 3RD FLOOR																					
l '					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															Line) X Form filed by One Reporting Person						
WALTH	AM M	IA	02451												X Form filed by One Reporting Person Form filed by More than One Reporting						
					-										Person						
(City) (State) (Zip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					action		2A. De		3.		4. Se	curit	ties Acquir	ed (A) or	f 5. Amoui					7. Nature	
					Day/Ye	ar)	if any	ion Date	Code (Instr.					str. 3, 4 a	Benefici		ially (D) o Following (I) (II d		or Indirect Enstr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
[`							(Month	/Day/Yea	ır) 8)	8)						Reported					
									Cod	e v	Amou	ınt	(A) o	r Price			ransaction(s) nstr. 3 and 4)				
Common Stock 09/28/2					3/2021	/2021			М	\top	4.	000	00 A S		76	66,930			D		
																,					
Table II - Derivative Securities Acquired, Disposed of, or Benefi (e.g., puts, calls, warrants, options, convertible securi											•	wned									
					uts,				s, opti				1		<u> </u>						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution		4. Tranca	ransaction				6. Date Exercisable Expiration Date			e and 7. Title and Amount of		8. Price of Derivative		9. Number of derivative		10. Ownership	11. Nature of Indirect	
Security	or Exercise Price of Derivative Security	(Month/Day/Year)		· 1	Code (Instr. 8)				(Month			Securities		Security	curity	Securities	5	Form:	Beneficial		
(Instr. 3)				y/Year)									Underlying Derivative Secui		y (Instr. 5)		Beneficially Owned	lly	Direct (D) or Indirect	Ownership (Instr. 4)	
									(Instr. 3 and 4							Following Reported	'	(I) (Instr. 4)			
						of (D)		D)									Transaction(s)				
							(Instr. 3, 4 and 5)									(Instr. 4)					
							\top							Amoun							
								(D)						or Numbe							
					Code	\v	(A)		Date Exercis	able	Expiration Date	n	Title	of Shares							
Stock				_		H	1	ι-,		vercisable Da		\dashv			+					+	
Option	on \$3.76 09/28/2021		M	4,000			(1)		02/06/20	₂₆	Common	4,000		\$0	10,661		D				
(Right to \$3.70 05/20/2021					4,000			(-)			Stock	tock 4,000			10,001		-				

Explanation of Responses:

1. This option was granted on February 8, 2016 and is fully vested.

/s/ David Watson, attorney-infact for Dr. Federico Grossi

** Signature of Reporting Person

09/29/2021 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.