Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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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

Name and Address of Reporting Person*     Dunlop A. Sinclair					2. Issuer Name <b>and</b> Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ]										. Relationshi Check all ap X Dire	10% Owne					
(Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC. 100 FIFTH AVENUE.					3. Date of Earliest Transaction (Month/Day/Year) 11/01/2022										Offic belo	er (give w)	title	Oth belo	er (spec w)	ify	
(Street) WALTH	AM MA	A 0	2451 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
				on-Deriva				_		ed, D							l	[-			
			Di	. Transaction Pate Month/Day/Ye	Executi ear) if any		emed ion Date, /Day/Year)		3. Transa Code ( 8)		ction Disposed		s Acquired (A) or of (D) (Instr. 3, 4 aı		5. Amount Securities Beneficial Owned Fo	ly	6. Owne Form: D (D) or In (I) (Instr	irect I direct E 4) (	. Nature ndirect seneficia wnersh nstr. 4)	rect eficial nership	
								-	Code	v	Amo	ount	(A) or (D)	Price	Transactio	on(s) nd 4)			11501. 4)		
Common Stock 11/01/2				11/01/202	2				S <sup>(1)</sup>		5	500	D	\$60.83	129,9	930	D				
Common Stock														240,679		I		Indirect Owner (Epidarex) <sup>(2)</sup>			
Common Stock													31,855		I		Indirect Owner (Masa) <sup>(3)</sup>				
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  (Instr. 3)  3. Transaction Date (Month/Day/Year) (Month/Day/Year)  (Month/Day/Year)  34. Transaction Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  4. Transaction Code (Instr. 8)						5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrand 5	rative rities ired r osed ) : 3, 4	Exp (Mo	iration	ercisable and		Amou Secu Unde Deriv	rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	hip of Be D) Owect (In:	Beneficial Ownership t (Instr. 4)		
					Code V (A) (D)				Date Expira		expiration Date	Title	Amount or Number of Shares								

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 were effected by pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 23, 2022.
- 2. The securities are held by Epidarex and the reporting person, a general partner of Epidarex, may be deemed to have voting and dispositive power over the shares held by Epidarex. The reporting person disclaims beneficial ownership over the shares held by Epidarex except to the extent of his pecuniary interest therein.
- 3. The securities are held by MASA and the reporting person, a managing partner of MASA, may be deemed to have voting and dispositive power over the shares held by MASA. The reporting person disclaims beneficial ownership over the shares held by MASA except to the extent of his pecuniary interest therein.

## Remarks:

/s/ David Watson, attorney-infact for Sinclair Dunlop

11/03/2022

\*\* Signature of Reporting Person 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.