FORM 4

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									
	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)

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

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1. Name and Address of Reporting Person* <u>Lewis Karen</u>					2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [APLS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	`	irst)	(Middle)	C.		3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024							below)	(give title Chief Pec	Other (s below) Officer	specify		
100 FIFTH AVENUE, 3RD FLOOR					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	AM M	ΙA	02451											X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to												
											tions of Rule 1				II or writterr	ріап ш	at is intended	110
		Tab	le I - N	on-Deri	ivativ	e Se	curities	s Ac	quired	, Di	sposed o	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a					es For ally (D) Following (I) (orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 01/16/20					/2024	24		A		16,963(1)	A	\$0	58	58,569		D		
Common Stock 01/16/20				/2024	024		S ⁽²⁾		1,632	D	\$66.808	56,937(3)			D			
		•	Table II								posed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$66.3	01/16/2024			A		24,666		(4)		01/15/2034	Common Stock	24,666	\$66.3	24,660	6	D	

Explanation of Responses:

- 1. This represents an award of Restricted Stock Units granted 01/16/2024 that vests annually from grant date over a four year period subject to continued service.
- 2. This represents shares sold to cover tax withholding on the Restricted Stock Units released on 01/12/2024.
- 3. This includes 102 shares from the 10/31/23 ESPP Purchase
- 4. This represents a stock option award granted 01/16/2024 that vests over a four year period. 25% vests one year from grant date and the remaining 75% vests monthly thereafter subject to continued service.

/s/ David Watson, attorney-in-01/17/2024 fact for Karen Lewis

** 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.