SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer Lewis Karen Apellis Pharmaceuticals, Inc. [APLS] 5. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC. 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Issuer (Ister) (Middle) 0.1/23/2023 Chief People Officer (Street) (Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) WALTHAM MA 02451 Form filed by One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned			- <u>-</u>	ed pursua	ant to Section 16(a) of the Securit	NEFICIAL OWN ies Exchange Act of 1934 mpany Act of 1940	_	HIP	Estim	Number: ated average bur per response:	3235-0287 den 0.5
(Last) (First) (Middle) (Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC. 3. Date of Earliest Transaction (Month/Day/Year) Chief People Officer 100 FIFTH AVENUE, 3RD FLOOR 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (Street) WALTHAM MA 02451 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned		1 0	Person*					(Check	Owner			
(Street) WALTHAM MA 02451 (City) (State) (Zip) Form filed by One Reporting Person Form filed by More than One Reporting Person Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	C/O APELLIS PHARMACEUTICALS, INC.					saction (Month	/Day/Year)		,	,)
	WALTHAM			_ 4. lf /	Amendment, Date	Line) X Form filed by One Reporting Perso Form filed by More than One Repo				rson		
A Title of Converting (Junety 2) 2 Transaction 24 Downard 2 A Converting Annual A convision Annual A Converting A Converti					Securities Ac	quired, Dis			Owned		C. Ourserskin	7 Natura

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following	(I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	01/23/2023		S ⁽¹⁾		2,955	D	\$51.58	37,709	D		

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	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)	le of 2. 3. Transaction 3A. Deemed vative Conversion Date Execution Da rity or Exercise (Month/Day/Year) if any		Execution Date,	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			vative urities uired r osed) r. 3, 4	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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Sale originated from established 10b5-1 trading plan.

/s/ David Watson, attorney-in-01/25/2023

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.