## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours nor resnance.	0.5							

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

1. Name and Address of Reporting Person*  Perry Nicole D				2. Issuer Name <b>and</b> Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify							
(Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC 100 FIFTH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 02/10/2020									X	below)			below)	pecify		
(Street) WALTHAM MA 02451  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Indiv ine) X	· '					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)		ties Acquiro I Of (D) (Ins		4 and Securitie Benefici		es For ally (D) Following (I) (		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) o	r Pric	e	Transact (Instr. 3	tion(s)			111301.4)		
Common Stock 02/10/				/2020		Α		2,500	00 <sup>(1)</sup> A \$		.00	2,500			D					
	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code (Ins		tion str.			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode V	,	(A)		Date Exercisabl	ate E kercisable D		Title	Amou or Numb of Share	er						
Stock option (right to	\$44.33	02/10/2020			A		15,000		(2)	0	2/09/2030	Common Stock	15,00	00	\$0.00	15,000	)	D		

#### **Explanation of Responses:**

- 1. Consists of Shares of Common Stock issuable under 2,500 restricted stock units ("RSUs") granted pursuant to the Company's 2017 Stock Incentive Plan. Each RSU represents the right to receive one share of Common Stock upon vesting. This RSU was granted on February 10, 2020 and will vest as to 25% of the shares underlying the RSU on the first anniversary of the grant, and 25% of the shares underlying the RSU on each anniversary of the grant thereafter through the fourth anniversary of the grant.
- 2. This option was granted on February 10, 2020 and will vest as to 25% of the shares underlying the options on the first anniversary of the grant, with the remaining 75% of the shares underlying the option vesting in equal monthly installments thereafter through the fourth anniversary of the grant, subject to continued service.

## Remarks:

/s/ David Watson, attorney-infact for Nicole Perry 02/12/2020

\*\* 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.