FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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*     OlD rices Steep leaving Manage leave.						2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [APLS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
O'Brien Stephanie Monaghan												_  :	X Directo	or		10% Ov	vner			
(Last)	(F	irst)	t) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024						Officer below)	(give title		Other (s below)	specify							
C/O APELLIS PHARMACEUTICALS, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
100 FIFTH AVENUE, 3RD FLOOR															,	filed by One	Repo	orting Perso	n	
(Street)	•														Form f Persor		e thar	One Repo	rting	
WALIH.	AM M	Α	02451		<u></u>	مار	10h5	\ Tran	caci	ion Inc	licatio	'n								
(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	-Deriv	ative	e Se	curitie	s Ac	quired	, Dis	posed o	of, or E	Bene	eficial	ly Owned	L				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date			3. Transaction Code (Instr. 3) Disposed Of (D) (Instr. 3)			5. Amount of 4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
			Code V Amount		(A (D	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)								
Common Stock 01/01/						01/2024					3,34	41 A		\$ <mark>0</mark>	11,438			D		
		T	able II - I								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)				6. Date Exercisa 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. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	0 0	Amount or lumber of Shares						
Stock Option (Right to	\$59.86	01/01/2024			A		5,748		(2)	1	2/31/2030	Commo Stock	on :	5,748	\$59.86	5,748		D		

## **Explanation of Responses:**

- 1. This restricted stock unit was granted on January 1, 2024. The restricted stock unit will fully vest on the first anniversary of the date of grant, subject to her continued service as a director, or upon later termination of her service as a director at her election.
- 2. This option was granted on January 1, 2024. The option vests quarterly on the last day of each quarter from the date of grant, subject to her continued service as a director and expires seven years after the date of grant.

/s/ David Watson, attorney-infact for Stephanie O'Brien

01/02/2024

\*\* 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.