FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 | |
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| Check this box if no longer subject | STATEM |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | F |

IENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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

| Name and Address of Reporting Person* Brown Victoria L. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [APLS] | | | | | | | | | k all app Direc | , | ng Pei | rson(s) to Is 10% O Other (| wner |
|---|---|-------|--------|----------|---|--|--------|--|------------------|-----|---|---------------------|------------|---|---|----|--|--|------|
| (Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC. 100 FIFTH AVENUE, 3RD FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/25/2022 | | | | | | | | | X | belov | | Team | below) | |
| (Street) WALTHAM MA 02451 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Exec if an | . Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed Code (5) | | | | 4 and Secur Bene | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) or (D) | | ce | Transaction(s) (Instr. 3 and 4) | | | | (|
| Common Stock 03/25/2 | | | | | 2022 | | | | F ⁽¹⁾ | | 82 | D | \$ \$ | 49.28 | .28 28,325 | | | D | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | | | nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbo of Title Shares | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. This represents shares used to cover tax withholding on a Restricted Stock Unit release.

/s/ David Watson, attorney-in-03/29/2022 fact for Victoria Brown

** 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.