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

Name and Address of Reporting Person     Townsend Adam J.					Apellis Pharmaceuticals, Inc. [APLS]										k all appli Directo	cable) or	g Pers	10% Ow	ner	
(Last)	,	irst) (	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/03/2023								X	X Officer (give title Other (specification)  Chief Commercial Officer						
100 FIFTH AVENUE, 3RD FLOOR					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) WALTH	AM M	A (	02451											X		iled by Mor		oning Person  One Repor	- 1	
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication															
X Check this box satisfy the affirm							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 - Noi	n-Deriv	ative	Sec	curit	ies Ac	quirec	, Dis	posed	of, or B	enefici	ally	Owned	i .				
Date			2. Transa Date (Month/I	/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					3, 4 and Se Be		Amount of ecurities eneficially wned Following		r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	Price	)	Reporte Transac (Instr. 3	tion(s)		(	instr. 4)	
Common Stock			05/03	3/2023			<b>M</b> <sup>(1)</sup>		5,00	0 A	\$15	15.09		80,995		D				
Common Stock 05/03			05/03	03/2023				S <sup>(1)</sup>		5,00	D \$82.7		2.71	75,995		D				
		Т	able II -								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)	Execution	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	r						
Stock Option (Right to	\$15.09	05/03/2023			<b>M</b> <sup>(1)</sup>			5,000	(2)		11/15/2028	Common	5,000		\$0	282,50	0	D		

## **Explanation of Responses:**

- 1. This is a scheduled exercise and sale from an established 10b5-1 plan.
- 2. This option was granted on November 16, 2018 and vests as to 25% of the shares underlying the options on the first anniversary of Mr. Townsend's date of hire, November 16, 2018, with the remaining 75% of the shares underlying the option vesting in equal monthly installments thereafter through the fourth anniversary of his date of hire, subject to continued service.

fact for Adam Townsend

05/04/2023

\*\* 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.