FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 00	ee instruction i	· · · · · · · · · · · · · · · · · · ·																		
Name and Address of Reporting Person*     Chopas James George						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)						
Chopas James George														Direc			10% O			
,					-									1	Office	er (give title		Other (: below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/13/2025								VP/	Chief Acc	ounti	ng Office	r I		
C/O APELLIS PHARMACEUTICALS, INC.					01/13/2023															
100 FIFTH AVENUE, 3RD FLOOR																				
					4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(Street)														ine)	_		_	=		
WALTH	AM M	A 0.	2451											1		filed by One		•		
															Form Perso	filed by Mo	re thar	n One Rep	orting	
(City)	(Sta	ate) (Z	Zip)																	
	,																			
		Table	I - No	on-Deriva	tive	Secui	rities	Acc	quire	d, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transactio				on										6. Ownership		7. Nature				
				Date (Month/Day/	Year)	Execution Date, (fear) if any			Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.			str. 3, 4 ar	and 5) Securi Benefi					of Indirect Beneficial		
				(Month/Day/Year)		8)					Owned Reporte				(Instr. 4)	Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111341. 4)			
											(0)	-		<u> </u>	,	_				
Common Stock 01/13/202				)25	25		S <sup>(1)</sup>		783	D	\$28.7	021	37,358			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of	2.	3. Transaction	3A. D	eemed	4.		5. Nu	mber	6. Dat	e Fxer	cisable and	7. Title	e and	8 P	rice of	9. Number	of '	10.	11. Nature	
Derivative	Conversion	Date	Execution Date,		Transaction		of		Expiration Date		Amount of Securities Underlying		Derivative Security (Instr. 5)		derivative Securities Beneficially		Ownership Form: Direct (D)	of Indirect Beneficial		
Security (Instr. 3)				h/Day/Year)	8)					(Month/Day/Year)								Ownership		
											Derivative Security (Inst				Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
	Coounty							Disposed					4)			Reported		(1) (111041. 4)		
								of (D) (Instr. 3, 4								Transaction(s) (Instr. 4)				
								and 5)												
													Amount							
													or Number							
					Code	l <sub>v</sub>	(A)	(D)	Date Exerc	isable	Expiration Date	Title	of Shares							
					3000	<u> </u>	(~)	L'5,		.545.6	1 - 410	1	Jiluios							

## **Explanation of Responses:**

1. This represents shares sold to cover tax withholding on the Restricted Stock Units released on January 10, 2025.

/s/ David Watson, attorney-in-01/14/2025 fact for James Chopas

\*\* 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.