FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

|  |   |  |   |   |  |  |   | <u> </u>         |   |       |                     |  |  |   |   |  |   |   |   |  |  |
|--|---|--|---|---|--|--|---|------------------|---|-------|---------------------|--|--|---|---|--|---|---|---|--|--|
| Name and Address of Reporting Person*     Machiels Alec      |   |  |   |   |  | 2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ] |   |                  |   |       |                     |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |   |  |   |   |   |  |  |
|  | ELLIS PHA   | irst) RMACEUTICA                           |   | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2021 |  |  |   |                  |   |       |                     |  | Officer (give title Other (specify below) below) |   |   |  |   |   |   |  |  |
| 100 FIFTH AVENUE, 3RD FLOOR                                  |   |  |   |   |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |   |                  |   |       |                     |  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)                                   |   |  |   |   |   |  |  |
| (Street) WALTHAM MA 02451                                    |   |  |   |   |  |  |   |                  |   |       |                     |  |  |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |  |   |   |   |  |  |
| (City)   | (S  | tate)                                      | (Zip)                                       |   |  |  |   |                  |   |       |                     |  |  |   |   |  |   |   |   |  |  |
|  |   | Tab  | le I - No                                   | on-Deriv  | ative  | Sec  | uriti                                   | ies Ac           | quired  | , Di  | sposed o            | of, or Be  | nefici   | ally Ow   | ned   |  |   |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |   |  |   | Exe<br>) if ar  | Deemed<br>ecution Date,<br>iny<br>onth/Day/Year) |  | 3.<br>Transaction<br>Code (Instr.<br>8) |                  | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) |       |                     |  |  | ,   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                 |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |   |   |  |  |
|  |   |  |   |   |  |  |   |                  | Code  | v     | Amount              | (A) or<br>(D)  | Price  | Trans   | actior  | tion(s)<br>and 4)  |   |   | (Instr. 4)                              |  |  |
| Common Stock 12/15   |   |  |   | 12/15/  | 2021   |  |   |                  | M <sup>(1)</sup>  |       | 3,000               | A  | \$2.6  | 7 6   | 72,5  | 44   |   | D   |   |  |  |
| Common Stock 12/15/20  |   |  |   | 2021  | 021  |  |   | S <sup>(1)</sup> |   | 3,000 | D                   | \$42.  | 38 6   | 669,544   |   | D  |   |   |   |  |  |
| Common   | Stock   |  |   |   |  |  |   |                  |   |       |                     |  |  |   | 1,95  | 0  | I See Footnote <sup>(2)</sup>                       |   |   |  |  |
|  |   | 1  | able II                                     |   |  |  |   |                  |   |       | osed of<br>converti |  |  |   | ed  |  | ,   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deer<br>Execution<br>if any<br>(Month/I | on Date,  | 4.<br>Transa<br>Code (I<br>8)                    |  |   |                  | 6. Date E<br>Expiration<br>(Month/E                           | n Dat |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   |   | 9. Numb<br>derivativ<br>Securitie<br>Benefici<br>Owned<br>Followin<br>Reported<br>Transact<br>(Instr. 4) | re<br>es<br>ally<br>g                               | 10.<br>Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>t (Instr. 4) |  |  |
|  |   |  |   |   | Code   | v  | (A)                                     | (D)              | Date<br>Exercisa  | ble   | Expiration<br>Date  | Title  | Amour<br>or<br>Number<br>of<br>Shares            | r   |   |  |   |   |   |  |  |
| Stock<br>Option<br>(Right to                                 | \$2.67  | 12/15/2021                                 |   |   | M <sup>(1)</sup>                                 |  |   | 3,000            | (3)   |       | 12/04/2023          | Common<br>Stock  | 3,000  | \$0   |   | 128,5  | 529   | D   |   |  |  |

## Explanation of Responses:

- 1. This is a scheduled exercise and sale from 10B5-1 trading plan.
- 2. Owned by spouse.
- 3. This option was granted on December 5, 2013 and fully vested.

/s/ David Watson, attorney-infact for Alec Machiels

12/17/2021

Date

\*\* Signature of Reporting Person Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.