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 Nu	mber:	3235-0287						
Estimated average burden								
	r response:							

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

1. Name and Address of Reporting Person* <u>Grossi Federico</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ]								(Che	ck all applic	r		10% Ow	ner
	•	RMACEUTICA	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2020										Officer (give title below)  See R		Other (s below) ks	респу
(Street) WALTHAM MA 02451				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5		(Zip) ole I - Nor	ı-Deriv	vativ	e Se	curities	S Aco	wired. C	Disr	nosed o	f. or B	ene	ficially	v Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L			saction	action 2A. Deemed Execution Date,		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, Code (Instr. 5)			(A) or	5. Amou Securitie Beneficia Owned F	nt of 6. O Formally (D) (I) (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D) Pr		Price		orted isaction(s) tr. 3 and 4)			(Instr. 4)		
Common	Stock			02/1	0/202	.0			A 9,375 <sup>(1)</sup> A \$0.00 31,831					D					
		-	Table II -						ired, Di						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (l 8)		ı of		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	OI N Of	umber					
Stock option (right to buy)	\$44.33	02/10/2020			A		56,250		(2)	0	2/09/2030	Commo Stock	<sup>n</sup> 5	6,250	\$0.00	56,250	)	D	

## **Explanation of Responses:**

- 1. Consists of shares of Common Stock issuable under 9,375 restricted stock units ("RSUs") granted pursuant to the Company's 2017 Stock Incentive Plan. Each RSU represents the right to receive one share of Common Stock upon vesting. This RSU was granted on February 10, 2020 and will vest as to 25% of the shares underlying the RSU on the first anniversary of the grant, and 25% of the shares underlying the RSU on each anniversary of the grant thereafter through the fourth anniversary of the grant.
- 2. This option was granted on February 10, 2020 and will vest as to 25% of the shares underlying the options on the first anniversary of the grant, with the remaining 75% of the shares underlying the option vesting in equal monthly installments thereafter through the fourth anniversary of the grant, subject to continued service.

## Remarks:

Chief Medical Officer

/s/ David Watson, attorney-infact for Federico Grossi

02/12/2020

\*\* 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.