Instruction 1(b).

FORM 4

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

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT 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

1. Name and Address of Reporting Person* <u>Dunlop A. Sinclair</u>						2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [ APLS ]									elationship ck all app Direct	licable)	Reporting Person(s) to Isle) 10% O				
(Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC. 100 FIFTH AVENUE, 3RD FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 09/08/2022									Office below	er (give	title		her (sp low)	pecify	
——————————————————————————————————————						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WALTH	AM MA 02451														X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(Sta	ate) (Ž	Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date				2. Transaction Date (Month/Day/Y	Execution Da			n Date,		action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)				. Amount Securities Seneficially Owned Follow	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock				09/08/2022					S		15,000	D	\$65		240,679		I		Indirect Owner (Epidarex) <sup>(1)</sup>		
Common Stock															130,43	30	D				
Common Stock															31,855		I		Indirect Owner (Masa) <sup>(2)</sup>		
		Tal	ole II								posed of, convertib				Owned	d					
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Security   Execution Date, if any (Month/Day/Year)   Security   Security   Execution Date, if any (Month/Day/Year)   Security   Security					5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired sed	Expi	ate Exe iration I nth/Day		7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares								

## **Explanation of Responses:**

- 1. The securities are held by Epidarex and the reporting person, a general partner of Epidarex, may be deemed to have voting and dispositive power over the shares held by Epidarex. The reporting person disclaims beneficial ownership over the shares held by Epidarex except to the extent of his pecuniary interest therein.
- 2. The securities are held by MASA and the reporting person, a managing partner of MASA, may be deemed to have voting and dispositive power over the shares held by MASA. The reporting person disclaims beneficial ownership over the shares held by MASA except to the extent of his pecuniary interest therein.

/s/ David Watson, attorney-infact for Sinclair Dunlop

09/08/2022

\*\* 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.