| SEC For | m 4 | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|--|--|--------------|--|--------|-----------------------|--|--------------------------------------|---|---|--|-----------------------|--|---|--|
| FORM 4 UNITED | | | | STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | ed pur | suant | to Sectior | n 16(a | a) of the S | ecurit | NEFICI | ERSI | HIP | Estim | OMB Number: 3 Estimated average burden hours per response: | | 3235-0287 1 0.5 | | | |
| 1. Name and Address of Reporting Person [*] SCHEIBLER LUKAS (Last) (First) (Middle) C/O APELLIS PHARMACEUTICALS, INC. | | | | | 2. Issuer Name and Ticker or Trading Symbol 5. Relationshi Apellis Pharmaceuticals, Inc. [APLS] 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationshi | | | | | | | | | ck all applic Directo Officer below) | or 10% Owner (give title Other (specify | | | vner | | |
| (Street) WALTHAM MA 02451 (City) (State) (Zip) | | | | | 4.1 | Line) X Form fil | | | | | | | | | loint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting | | | | | |
| | | Tab | le I - Nor | -Deriv | /ativ | e Se | curities | s Ac | quired | , Dis | posed o | f, or B | enefi | cially | v Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (Instr. | | | | | , 4 and Securiti Benefic Owned | | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | |
| Common Stock 01/12 | | | | | 2/202 | /2023 | | | A ⁽¹⁾ | | 22,580 A | | \$ <mark>0</mark> | 63,707 ⁽²⁾ | | | D | | | |
| | | - | Fable II - I (| | | | | | | | osed of, convertil | | | | 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 I if any (Month/Day | Date, | 4. Fransaction Code (Instr. 3) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | e | nd 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s illy g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | ount nber ares | | | | | | |
| Stock Option (Right to Buy) | \$52.66 | 01/12/2023 | | | A | | 35,472 | | (3) | | 01/11/2033 | Commor Stock | ¹ 35, | ,472 | \$52.66 | 35,47 | 2 | D | | |

Explanation of Responses:

1. This represents a Restricted Stock Award granted 01/12/23 that vest annually from grant date over a four year period subject to continued service.

2. This includes 769 shares from 04/29/2022 ESPP purchase.

3. This represents a stock option award granted 01/12/2023 that vest over a four year period. 25% vest one year from grant date and the remaining 75% vest monthly thereafter subject to continued service.

| <u>/s/ David Watson, attorney-in-</u> fact for Lukas Scheibler | 01/17/2023 | | | |
|---|------------|--|--|--|
| ** 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.