Leaders in Complement

January 2022
Forward-looking statements

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Strong 2021 performance

Transforming Treatment across Rare, Complement-Driven Diseases

✓ EMPAVELI™ (pegcetacoplan) U.S. PNH approval & launch
✓ Aspaveli® (pegcetacoplan) EU PNH approval
✓ Positive Ph3 PRINCE data in treatment-naïve PNH patients

APELLIS: Global Leader in Complement

RARE DISEASE

OPHTHALMOLOGY

NEUROLOGY

Be #1 in the Retina

✓ Ph3 DERBY & OAKS data

Building a Portfolio of Brain-Active Complement Therapies

✓ Advanced APL-1030 towards IND in 2H 2022
Targeting C3 for comprehensive control of complement

WHY C3?
• Controls all three pathways
• Controls all downstream effects

C3

Classical Pathway
Lectin Pathway
Alternative Pathway

PEG CETACOPLAN

Controls all downstream effects

Inflammation
C3a
C3b
Cell removal

C5
C5a
C5b
MAC
Cell death

Inflammation

Four key priorities in 2022

1. **GEOGRAPHIC ATROPHY**
   - Bring the **first-ever therapy** to patients living with GA

2. **EMPAVELI**
   - Further establish EMPAVELI as **first-line treatment** in PNH
   - Advance EMPAVELI as a **transformative therapy** for rare, complement-driven diseases

3. **GENE THERAPY**
   - Advance systemic pegcetacoplan as a **novel approach** to enabling AAVs for gene therapies

4. **EARLY PIPELINE**
   - Expand clinical pipeline with **new programs** to control complement

... with focus on compassion and commitment to patients
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Significant unmet need in geographic atrophy (GA): Leading cause of blindness

- Leads to irreversible blindness
- 5 million GA patients globally
- >80% of ECPs feel helpless/frustrated by lack of treatments

>50% of surveyed GA patients said they did not feel confident driving during the day and ~90% did not feel confident driving at night.

ECP = eye care professional
We believe pegcetacoplan is a breakthrough for patients living with GA

Pegcetacoplan demonstrated **reduction in GA lesion growth** and favorable safety profile

### 3 adequate and well-controlled clinical trials

<table>
<thead>
<tr>
<th>Pegcetacoplan</th>
<th><strong>Monthly</strong>&lt;br&gt;(PM)</th>
<th><strong>Every Other Month</strong>&lt;br&gt;(PEOM)</th>
</tr>
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<tbody>
<tr>
<td><strong>A</strong> FILLY</td>
<td>29% reduction&lt;br&gt;p=0.008 vs sham&lt;sup&gt;1&lt;/sup&gt;</td>
<td>20% reduction&lt;br&gt;p=0.067 vs sham&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>B</strong> DERBY</td>
<td>12% reduction&lt;br&gt;p=0.0528 vs sham&lt;sup&gt;2&lt;/sup&gt;</td>
<td>11% reduction&lt;br&gt;p=0.0750 vs sham&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>C</strong> OAKS</td>
<td>22% reduction&lt;br&gt;p=0.0003 vs sham&lt;sup&gt;2&lt;/sup&gt;</td>
<td>16% reduction&lt;br&gt;p=0.0052 vs sham&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

PM (n=84)<br>PEOM (n=78)<br>Sham (n=80, pooled)  
PM (n=201)<br>PEOM (n=200)<br>Sham (n=194, pooled)  
PM (n=202)<br>PEOM (n=205)<br>Sham (n=206, pooled)

1. LS mean (±SE) change from baseline in square root GA lesion (mm). Statistical significance was defined as p<0.1 for this study. 2. LS mean (±SE) change from baseline in GA lesion (mm<sup>2</sup>)
Pegcetacoplan demonstrated a reduction in lesion growth in treated study eyes vs untreated fellow eyes.

Fellow eye analysis shows consistent reduction in GA lesion size as compared to primary endpoint analyses\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>FILLY</th>
<th>DERBY</th>
<th>OAKS</th>
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<tbody>
<tr>
<td>Pegcetacoplan</td>
<td></td>
<td></td>
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<tr>
<td>Monthly (PM)</td>
<td>18% reduction p=0.0094 (nominal)(^2)</td>
<td>14% reduction p=0.0012 (nominal)(^3)</td>
<td>18% reduction p=0.0005 (nominal)(^3)</td>
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<tr>
<td>Pegcetacoplan</td>
<td></td>
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<tr>
<td>Every Other Month (PEOM)</td>
<td>12% reduction p=0.0951 (nominal)(^2)</td>
<td>16% reduction p=0.0003 (nominal)(^3)</td>
<td>6% reduction p=0.2589 (nominal)(^3)</td>
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<tr>
<td>Sham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pooled</td>
<td>4% increase p=0.5555 (nominal)(^2)</td>
<td>0% increase p=0.9828 (nominal)(^3)</td>
<td>7% increase p=0.1236 (nominal)(^3)</td>
</tr>
</tbody>
</table>

1. Study eye vs. fellow eye comparison was prespecified for DERBY & OAKS and post hoc for FILLY; statistical modelling was performed post-hoc for all studies; for FILLY, all patients with bilateral GA were included in the analysis, for DERBY & OAKS, bilateral GA patients whose both eyes met study entry criteria were included; 2. LS mean (±SE) change from baseline in square root GA lesion (mm); 3. LS mean (±SE) change from baseline in GA lesion (mm)
Post hoc analysis shows consistent and clinically meaningful treatment effect size

EVALUATED EFFECT SIZE FOR ALL 3 STUDIES ADJUSTED FOR BASELINE IMBALANCES KNOWN TO BE ASSOCIATED WITH LESION GROWTH¹

<table>
<thead>
<tr>
<th>Study</th>
<th>Pegcetacoplan</th>
<th>Effect Size</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>FILLY</td>
<td>Monthly (PM)</td>
<td>25%</td>
<td>p=0.0188 (nominal)</td>
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<tr>
<td></td>
<td>Every Other Month (PEOM)</td>
<td>18%</td>
<td>p=0.1056 (nominal)</td>
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<tr>
<td>DERBY</td>
<td>Monthly (PM)</td>
<td>16%</td>
<td>p=0.0053 (nominal)</td>
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<tr>
<td></td>
<td>Every Other Month (PEOM)</td>
<td>15%</td>
<td>p=0.0090 (nominal)</td>
</tr>
<tr>
<td>OAKS</td>
<td>Monthly (PM)</td>
<td>26%</td>
<td>P&lt;0.0001 (nominal)</td>
</tr>
<tr>
<td></td>
<td>Every Other Month (PEOM)</td>
<td>18%</td>
<td>p=0.0011 (nominal)</td>
</tr>
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</table>

Pegcetacoplan Monthly (PM)

- PM (n=84)
- PEOM (n=78)
- Sham (n=80, pooled)

Pegcetacoplan Every Other Month (PEOM)

- PM (n=201)
- PEOM (n=200)
- Sham (n=194, pooled)

- PM (n=202)
- PEOM (n=205)
- Sham (n=205, pooled)

LS mean estimated from a mixed-effects model for repeated measures. The mITT population was used for the analysis.

¹ Baseline imbalances include study eye lesion focality, lesion location, intermediate/large drusen and low luminance deficit.

Biological activity
Treatment effect
Safety
Early treatment opportunity
Pegcetacoplan demonstrated a favorable safety profile in DERBY and OAKS

All data represented are from DERBY and OAKS combined

Exudations\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>EOM</th>
<th>Sham</th>
</tr>
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<tbody>
<tr>
<td>Rate</td>
<td>6.0%</td>
<td>4.1%</td>
<td>2.4%</td>
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</table>

0.047% rate of infectious endophthalmitis per injection over 12 months
(n = 6,322 total injections)

Rates of endophthalmitis and intraocular inflammation were generally in line with those reported in studies of other intravitreal therapies

1. Exudations include all adverse events reported by the investigator as choroidal neovascularization (CNV) or neovascular AMD, whether or not there was reading center confirmation.
As many as 85% of patients start with extrafoveal lesions (outside of the fovea)
Building towards U.S. FDA approval

3Q 2021
- Presented DERBY & OAKS Ph3 top line results

4Q 2021
- Received formal FDA feedback:
  - The Agency does not make a distinction between Phases, provided a clinical trial is adequate and well controlled
  - The 3 studies referenced appear to be adequate and well controlled

1Q 2022
- Finalize NDA submission package
  - Submission package to include DERBY, OAKS & FILLY data, including available post 12-month D&O data

2Q 2022
- Submit NDA
  - Plan to request 6-month priority review
  - Prepare for approval and launch
    - Disease state education
    - KOL / payer engagement

4Q 2022
- FDA PDUFA date
Recent feedback from surveyed retina specialists reinforces blockbuster potential of pegcetacoplan in GA

“It’s certainly impressive, a first-in-class therapy for GA with some solid efficacy data.” – Retina Specialist

“I think this drug, with its safety features, its efficacy and its p-values, is highly effective. It’s safe and it would potentially be the only treatment available. So I don’t see why I wouldn’t recommend it to all my patients with or without subfoveal involvement.” – Retina specialist

“I would give it [pegcetacoplan] a rating of 7 out of 7. I would be very likely to use it in patients who have vision left to preserve.” – Retina specialist

~80% of surveyed retina specialists said they plan to use pegcetacoplan to treat their patients with GA

ZS Associates market research interviews with 2021 Retina Society, 2021 ASRS, and 2021 AAO meeting attendees (n=32 retina specialists) and Demand Assessment (n=33)
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4. EARLY PIPELINE
   - Expand clinical pipeline with new programs to control complement
EMPANELI commercial launch off to a strong start

As of December 31, 2021:

- >95% patient compliance rate
- >125 start forms submitted
- >75% of C5 switches from Ultomiris
  - C5 inhibitor switch patients are majority of new EMPANELI starts
- Zero cases of meningococcal infection

FY 2021 U.S. Net Product Sales

~$15 Million

1. Estimated 2021 EMPANELI U.S. net product sales are unaudited, preliminary and based on management’s estimate as of the date of this presentation and are subject to completion of the Company’s financial closing procedures.
EMPAVELI seeks to elevate the standard of care for all patients with PNH

1,500
U.S. PNH patients on C5 inhibitors

150
Newly diagnosed PNH patients in the U.S. annually

Phase 3 PEGASUS data
SUPERIOR to eculizumab
on improving hemoglobin levels

ASH 2021 post hoc analysis*
Clinically meaningful improvements across key markers of PNH

Phase 3 PRINCE data
Statistical superiority
on co-primary endpoints and clinically relevant secondary endpoints at week 26

McKinley ASH 2017 Abstract/p2/para2/L1-6; Dingli ASH 2020 Abstract/ p.1/ Methods/ ln.1-2; p.2/ Results/ln.7-9; ln.14-15; Data on File. *The post-hoc analysis included treatment-naive patients and patients who were taking eculizumab, a C5 inhibitor.
Leading indicators further support EMPAVELI as first-line treatment

1 Patient access and reimbursement

- 18 of top 20 payers agreed to place EMPAVELI in a positive formulary position
- Certain large payers/PBMs placed EMPAVELI as exclusive for all treatment-naïve patients or as the preferred agent for PNH on several formularies

2 Meaningful patient impact

“My disease no longer controls my life. I do. I am now able to travel for extended periods of time without having to worry about scheduling my infusions. I am about to take a month-long trip in October.”

“My hemoglobin has not been this high without transfusions in years. I am feeling so good!”

Individual patient results may vary.
EMPANELI in PNH is first step in building rare disease franchise

PNH
~1,500

EMPANELI Ambition:
The new standard of care
U.S. launch ongoing

IC-MPGN & C3G
~5,000

Protect kidney function and quality of life in patients with or without transplant

U.S. PATIENTS IN NEED OF TREATMENT

EMPAVELI AMBITION

ALS
~19,000

Increase survival and slow the progression of symptoms

KEY UPCOMING MILESTONES

CAD
~5,000

Improve hemoglobin levels and reduce transfusion dependency

HSCT-TMA
~4,000

Protect organ function and prevent mortality

~34,500

Initiate Phase 3 study in 1Q22 (Apellis)
Complete enrollment in 1H 2022 (Apellis)
Initiate Phase 3 study in 1Q22 (Sobi)
Initiate potentially registrational program in 1Q22 (Sobi)

3. Based on sporadic only, patients seeking treatment, and non-monotherapy patients. ALS: ClearView Analysis based on physician interviews.
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Promise of targeting C3 as an enabling approach with AAVs for gene therapies

MARKET OPPORTUNITY

Gene therapy (GTx) market is large and rapidly growing
- >100 AAV-GTx assets currently in development¹
- ~$17B in projected 2024 WW sales¹

GTx faces significant safety and tolerability challenges

VALUE PROPOSITION

We believe targeting C3 may yield three important advantages:
- Increase the safety of AAVs
- Decrease the AAV dose
- Allow for dosing patients with pre-existing antibodies

BUILDING ON THE EVIDENCE

Expecting pre-clinical data in 1H 2022 showing the impact of complement inhibition on AAV delivery

1. GlobalData, excludes ophthalmology assets in development
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   - Further establish EMPAVELI as first-line treatment in PNH
   - Advance EMPAVELI as a transformative therapy for rare, complement-driven diseases

3. ENABLING AAVs
   - Advance systemic pegcetacoplan as a novel approach to enabling AAVs for gene therapies

4. EARLY PIPELINE
   - Expand clinical pipeline with new programs to control complement
APL-1030: Advancing first-in-class, brain-active C3 inhibitor

- Distributes throughout the brain
- Inhibits C3 breakdown in brain
- Potential to treat multiple neurodegenerative disorders
- IND planned in 2H 2022
Functional inhibition of C3 breakdown in cognition-relevant brain regions of NHPs treated with APL-1030

Brain Tissue Levels of the C3 Breakdown Product C3a Following Intrathecal Infusion with APL-1030 for 5 Days

- Prefrontal Cortex
- Entorhinal Cortex
- Hippocampus CA1
- Hippocampus CA3

Vehicle
APL-1030 (2 mg/day)
APL-1030 (20 mg/day)

LOD (0.12 ng/mL)
Key milestones through 2022

In 2022, we expect:

1Q
- Begin pre-submission discussions with EU regulators for GA
- Initial ex-U.S. PNH launches by Sobi
- Initiate Phase 3 study in IC-MPGN & C3G
- Sobi to initiate potentially registrational studies in CAD and HSCT-TMA

2Q
- Submit NDA in GA to US FDA
- Publish preclinical data on AAVs administered with C3 inhibition

3Q
- 24-month DERBY & OAKS update

4Q
- Expected U.S. PDUFA date for pegcetacoplan in GA

Expected MAA submission in E.U. for GA
Submit IND for APL-1030
Complete enrollment in ALS Phase 2 study

Sobi has global co-development and ex-U.S. commercialization rights for systemic pegcetacoplan.
Apellis: Positioned for long-term leadership in complement

Transforming Treatment across Rare, Complement-Driven Diseases

APELLIS: Global Leader in Complement

Building a Portfolio of Brain-Active Complement Therapies

Be #1 in the Retina
Leaders in complement