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										
- 1	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

1. Name and Address of Reporting Person* SCHEIBLER LUKAS						2. Issuer Name and Ticker or Trading Symbol Apellis Pharmaceuticals, Inc. [APLS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	,	(First) (Middle) LIS PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023							X Officer (give title Other (specify below) Chief Research Officer				
100 FIFTH AVENUE, 3RD FLOOR					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	AM M	IA	02451												iled by Mor		orting Perso One Repo		
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Noi	n-Deri	vativ	e Se	curit	ties Ac	quire	l, Dis	sposed o	of, or Be	neficial	ly Owned	Ī				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				nd Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 12/01/						/2023		M ⁽¹⁾		10,00	0 A	\$13.8	5 78	78,299		D			
Common Stock 12/01/.				1/202	/2023			S ⁽¹⁾		10,00	0 D	\$60	68,299			D			
		•	Table II -								osed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,		ransaction Code (Instr.				6. Date Exercisab Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Owi For Oly Or I (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$13.85	12/01/2023			M ⁽¹⁾			10,000	(2)		02/07/2029	Common Stock	10,000	\$0	39,39	1	D		

Explanation of Responses:

- 1. This is a scheduled exercise and sale from 10B5-1 trading plan.
- 2. This represents a stock option grant made on 02/08/2019 that 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 options vesting in equal monthly installments thereafter through the fourth anniversary of the grant, subject to the satisfaction of a specified performance condition and continued service.

/s/ David Watson, attorney-infact for Lukas Scheibler

12/05/2023

** 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.