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						
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).	• • • • • • • • • • • • • • • • • • • •	T OF CHANGES IN BENEFICIAL OWN pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		OMB Number:	3235-0287 en 0.5				
1. Name and Address of Reporting Person <u>Grossi Federico</u> (Last) (First) (C/O APELLIS PHARMACEUTICA 100 FIFTH AVENUE, 3RD FLOOI	(Middle) ALS, INC.	 2. Issuer Name and Ticker or Trading Symbol <u>Apellis Pharmaceuticals, Inc.</u> [APLS] 3. Date of Earliest Transaction (Month/Day/Year) 10/14/2021 	5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne X Officer (give title Other (spe below) below) CHIEF MEDICAL OFFICER						
(City) (State) (02451 (Zip) 2 I - Non-Deriva t	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed Form filed Person	nt/Group Filing (Check A I by One Reporting Pers I by More than One Repo	on				
Table 1 - Non-Derivative Securities Acquired, Disposed of, of Dericitally Owned									

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	(I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code V Amount (A) or (D) Price Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock	10/14/2021		S ⁽¹⁾		750	D	\$34.57	65,430	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or		n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Amou Secu Unde Deriv	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 Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. This is a scheduled sale from 10B5-1 trading plan.

/s/ David \	<u>Vatson, attorney-in-</u>	10/15/2021
fact for Dr	. Federico Grossi	10/13/2021

** 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.