TARGETED C3 THERAPIES
Cedric Francois, M.D., Ph.D
Chief Executive Officer

J.P. Morgan Healthcare Conference
January 12, 2021
Forward-looking Statements

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Apellis: Global Leader in Complement

**OUR STRATEGY**

- Establish systemic pegcetacoplan as a **disruptive therapy** across rare, complement-driven diseases
- Be #1 in the **retina**
- Develop **new technologies** to control complement

**2021 KEY MILESTONES**

- **PNH Launch in H1 2021** and progress 4 additional registrational programs
- **Phase 3 GA results in Q3 2021** a blockbuster opportunity
- **Advance 3 compounds into clinical development** in the next 24 months

**Focused on compassion and commitment to patients**
Complement Underlies Many Serious Diseases

- **OPHTHALMOLOGY**
  - **EYE**
    - AMD, Uveitis, Glaucoma
  - **HEART**
    - Myocardial infarction

- **NEPHROLOGY**
  - **KIDNEY**
    - aHUS, LN, IgAN, MN
  - **JOINTS/SKIN**
    - RA, OA, BP, Psoriasis, HS, Burns
  - **TREATMENT-RELATED**
    - Hemodialysis

- **TREATMENT-RELATED**
  - SIRS, Sepsis, Trauma, SLE, HAE, Cancer

- **SURGERY-RELATED**
  - I/R injury, AKI, Organ transplantation

- **NEUROLOGY**
  - **PNS/CNS**
    - AD, MS, NMO, gMG, GBS, Parkinson's Disease, Schizophrenia
  - **ALS**

- **HEMATOLOGY**
  - **CIRCULATION**
    - PNH, CAD, HSCT-TMA
  - **PNH/CNS**
    - PNH, CAD, HSCT-TMA
  - **HEMATOLOGY**
    - PNH, CAD, HSCT-TMA

- **ARTERIES/VESELS**
  - Atherosclerosis

- **GUT**
  - Crohn's Disease

- **LUNGS**
  - Asthma, COPD, ARDS, COVID-19

- **MOUTH**
  - Periodontitis

- **NEOPLASIA**
  - Cancer

- **SURGERY-RELATED**
  - I/R injury, AKI, Organ transplantation

Modified based on Zelek et al., Compendium of current complement therapeutics, Molecular Immunology 114 (2019) 341–352
Targeting C3 for Comprehensive Control of Complement

WHY C3?

• Controls all three pathways
• Controls all downstream effects

C3

Classical Pathway
Lectin Pathway
Alternative Pathway

C3a
C3b
C5a
C5b

Inflammation
Cell removal
Inflammation
Cell death

MAC

Pegcetacoplan: Potential to Be a Disruptive Therapy for Complement-driven Diseases

- **Systemic pegcetacoplan**
  - >275,000 total patients worldwide

- **Intravitreal pegcetacoplan**
  - GA ~5 million patients worldwide

**250+ patient years** in systemic indications

**750+ patient years** of intravitreal exposure

**SYSTEMIC PEGCETACOPLAN**

- Apellis (U.S.)
- sobi (ex U.S. and global co-development)

Sobi collaboration: up to $1.25 billion in payments plus tiered double-digit royalties

**INTRAVITREAL PEGCETACOPLAN**

- Apellis (global)

- Hematology
- Nephrology
- Neurology
- Ophthalmology
# Targeted C3 Therapies for Diseases with High Unmet Need

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>CATEGORY</th>
<th>DISEASE</th>
<th>PRE-CLINICAL</th>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>APPROVED</th>
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</thead>
<tbody>
<tr>
<td>Systemic pegcetacoplan (APL-2)*</td>
<td>Hematology</td>
<td>Paroxysmal nocturnal hemoglobinuria (PNH)</td>
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<td></td>
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<td>Cold agglutinin disease (CAD)</td>
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<td>Hematopoietic stem cell transplantation thrombotic microangiopathies (HSCT-TMA)</td>
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<td></td>
<td>Nephrology</td>
<td>Immune complex membranoproliferative glomerulonephritis (IC-MPGN) and C3 glomerulopathy (C3G)</td>
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<td></td>
<td>Neurology</td>
<td>Amyotrophic lateral sclerosis (ALS)</td>
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<tr>
<td>Intravitreal pegcetacoplan</td>
<td>Ophthalmology</td>
<td>Geographic atrophy (GA)</td>
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<tr>
<td>Intravenous APL-9</td>
<td>COVID-19</td>
<td>Acute respiratory distress syndrome (ARDS) &amp; thrombotic microangiopathies (TMA) secondary to COVID-19</td>
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<td></td>
<td>Gene therapy</td>
<td>Control of host attack on AAVs for gene therapies</td>
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</table>

*Sobi has global co-development and ex-U.S. commercialization rights for systemic pegcetacoplan

*Potential to be registrational
Apellis: Global Leader in Complement

2021 Key Milestones

PNH Launch in H1 2021
and progress 4 additional registrational programs

Phase 3 GA results in Q3 2021
a blockbuster opportunity

Advance 3 compounds into clinical development
in the next 24 months
PNH Patients on C5 Inhibitors Continue to Have High Unmet Need

- Transfusions to address falling hemoglobin
- Hemoglobin near or at normal levels
- Hemoglobin below normal and symptoms like fatigue

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
PEGASUS: Phase 3 Head-to-Head Study of Pegcetacoplan vs Eculizumab

- **Baseline**: 4 weeks
- **Day 1**: 16 weeks
- **Primary endpoint read out**: 32 weeks open-label
- **Run-in**: 4 weeks
- **Randomized period**: 28 weeks

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP 1</td>
<td>41</td>
<td>Pegcetacoplan</td>
</tr>
<tr>
<td>GROUP 1+2</td>
<td>77</td>
<td>Pegcetacoplan</td>
</tr>
<tr>
<td>GROUP 2</td>
<td>39</td>
<td>Eculizumab</td>
</tr>
<tr>
<td>GROUP 2</td>
<td>39</td>
<td>Pegcetacoplan + Eculizumab</td>
</tr>
</tbody>
</table>

N=80 Pegcetacoplan + Eculizumab

APL2-302; NCT03500549
Pegcetacoplan: Potential to Elevate the Standard of Care in PNH

MET PRIMARY ENDPOINT IN PHASE 3 PEGASUS STUDY VS. ECULIZUMAB AT WEEK 16

SUPERIOR to eculizumab on improving hemoglobin levels

3.8 g/dL improvement in adjusted means
pegcetacoplan vs. eculizumab p<0.0001

MEANINGFUL IMPROVEMENTS ACROSS KEY MARKERS OF DISEASE*

Patients were transfusion-free

85% VS. 15%

PEGCETACOPLAN VS. ECULIZUMAB

Patients with normalized LDH

71% VS. 15%

PEGCETACOPLAN VS. ECULIZUMAB

FACIT-fatigue score

12-point difference

PEGCETACOPLAN over ECULIZUMAB

*Refer to Apellis’ January 7, 2020 investor presentation and press release for additional detail on key secondary endpoints. Refer to Apellis’ June 12, 2020 EHA presentation for additional detail on other secondary endpoint analyses.
Pegcetacoplan Demonstrated Sustained Improvements in Hemoglobin and Clinical Measures at Week 48

- Sustained improvements in transfusion avoidance, reticulocyte count, LDH level, and FACIT-fatigue score
- No cases of meningitis
- Safety profile comparable to eculizumab at week 16; consistent throughout 48-week study
- 24 of 80 pegcetacoplan monotherapy-treated patients (30%) experienced a serious adverse event (SAE); 5 SAEs (6%) assessed to be possibly related to study treatment. One death reported due to COVID-19 and unrelated to study treatment
Indirect Comparison across Pivotal Studies: Pegcetacoplan vs. Ravulizumab (Ultomiris)

MATCHING ADJUSTED INDIRECT COMPARISON (MAIC)*

76% MORE
Hemoglobin stabilization
pegcetacoplan vs. ravulizumab

64% MORE
LDH normalization
pegcetacoplan vs. ravulizumab

71% MORE
Patients were transfusion-free
pegcetacoplan vs. ravulizumab

9-point difference
FACIT-fatigue score
pegcetacoplan vs. ravulizumab

*MAIC methodology allowed the examination of the comparative effectiveness of pegcetacoplan vs. ravulizumab in the absence of a head-to-head trial. As with other MAIC analyses, matching may not adjust for all confounding factors due to differences inherent in study design and entry criteria.

## Prepared to Meet the Needs of PNH Patients

**PDUFA DATE: MAY 14, 2021**

### Medical Affairs
- ✔️ MSL team continues to engage PNH KOLs
- ✔️ 11 PNH abstracts at ASH 2020
- ✔️ Early access program (EAP) initiated

### Marketing
- ✔️ PNH strategy defined
- ✔️ Disease education ongoing
- ✔️ Digital marketing performing well above industry benchmarks

### Value & Access
- ✔️ Field Market Access team fully staffed
- ✔️ Identified and engaging with primary and secondary payers representing 70% of PNH patients
- ✔️ Patient support and distribution strategies defined and implementation on track

### Sales
- ✔️ Sales team buildout continues
- ✔️ Customer segmentation and targeting complete
- ✔️ Virtual engagements informing strategic account planning
## Advancing 4 Rare Disease Registrational Programs

<table>
<thead>
<tr>
<th>Disease</th>
<th>Current Treatments</th>
<th>Market Opportunity</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>IC-MPGN / C3G</td>
<td>No approved therapies</td>
<td>~18,000 patients in US and Europe&lt;sup&gt;1&lt;/sup&gt;</td>
<td>First patient dosed in Phase 3 study in 1H21 (Apellis)</td>
</tr>
<tr>
<td>ALS</td>
<td>No therapies shown to stop or reverse disease progression</td>
<td>~225,000 patients worldwide&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Complete enrollment by end of 2021 (Apellis)</td>
</tr>
<tr>
<td>CAD</td>
<td>No approved therapies</td>
<td>~10,500 patients in US and Europe&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Initiate Phase 3 trial in 2021 (Sobi)</td>
</tr>
<tr>
<td>HSCT-TMA</td>
<td>No approved therapies</td>
<td>~27,000 allogeneic transplants in US and EU+ annually&lt;sup&gt;4,5&lt;/sup&gt; TMA incidence up to 40%&lt;sup&gt;6&lt;/sup&gt;</td>
<td>Initiate potentially registrational Phase 2 study in 2021 (Sobi)</td>
</tr>
</tbody>
</table>

Apellis: Global Leader in Complement

2021 Key Milestones

PNH Launch in H1 2021 and progress 4 additional registrational programs

Phase 3 GA results in Q3 2021 - a blockbuster opportunity

Advance 3 compounds into clinical development in the next 24 months
Geographic Atrophy (GA) is 1 of 2 Advanced Forms of Age-related Macular Degeneration (AMD)

- **WET AMD**
  - First-line treatment with VEGF inhibitors ($8B global market)\(^1\)
  - Up to 98% of wet AMD patients progress to GA\(^2\)

- **GEOGRAPHIC ATROPHY**
  - Leads to irreversible loss of macular vision and decrease in quality of life
  - No approved therapies

\(^1\) EvaluatePharma WW Wet AMD Market Value (accessed January 2021)
\(^2\) Rofagha et al. Ophthalmology 2013
Significant Unmet Need in GA: Leading Cause of Blindness

5M PATIENTS GLOBALLY\(^1\)

1M with GA in US\(^2\)

2/3 of GA patients become ineligible to drive within 2 years of diagnosis\(^3\)

2 Rudnicka et al, AM J Ophthalmology 2015; 160(1):85-93
3 Chakravarthy et al. Ophthalmology 2018; 125(6):842-849
4. Images: National Eye Institute
Advancing the First Potential Treatment for GA

**TARGETED C3 THERAPY**
**INTRAVITREAL PEGCETACOPLAN**

- **2017**
  - Met primary endpoint in Phase 2 FILLY study

- **H2 2020**
  - Slowed progression from intermediate AMD to GA in FILLY post hoc analysis

- **Q3 2021**
  - Top-line Phase 3 results from DERBY & OAKS
Phase 2 FILLY Study (n=246): Design

Primary endpoint read out
- 1 year
- 6 mo.
- No study drug administered from Month 12 to 18

Primary efficacy endpoint:
Change in GA lesion size from baseline at month 12

**SHAM GROUP**
N=81 (pooled)

PEGCETACOPLAN
N=79
- 0 mg sham injections

PEGCETACOPLAN
N=86
- 15 mg/0.1 mL monthly

PEGCETACOPLAN
N=86
- 15 mg/0.1 mL every other month
FILLY Study: Pegcetacoplan Reduced GA Lesion Growth

- Met primary endpoint
- Dose response
- Increased effect over time
- Sham group as expected
- Effect in treated versus contralateral non-treated eye
Pegcetacoplan Met Primary Endpoint

Phase 2 FILLY

Change from baseline in square root of GA area at 48 wk, mm

<table>
<thead>
<tr>
<th>Change from baseline in square root of GA area at 48 wk, mm</th>
<th>Sham</th>
<th>Lampalizumab, 10mg†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pooled (n=598)</td>
<td>Q4w (n=596)</td>
</tr>
<tr>
<td>Adjusted mean (SE)</td>
<td>0.342 (0.007)</td>
<td>0.349 (0.007)</td>
</tr>
</tbody>
</table>

*Square root. Modified intention-to-treat (mITT) population was used for the efficacy analysis; defined as all patients who received at least 1 injection and underwent at least 1 follow-up examination at month 2 or later at which primary efficacy data were collected. 2-sided t tests at the alpha = 0.1 level


† Holz et al. JAMA Ophthalmol. 2018

Apellis
Decreased Lesion Growth in Treated Eye vs. Untreated Fellow Eye
FILLY Post Hoc Analysis

Includes patients from the bilateral GA population

Change from baseline in square root GA lesion growth (mm)

Fellow eye
Study eye

Sham injections (N=72)

Pegcetacoplan every other month (n=63)

Pegcetacoplan Monthly (N=69)

0
0.1
0.2
0.3
0.4
2 months
6 months
12 months

0
0.1
0.2
0.3
0.4
2 months
6 months
12 months

0
0.1
0.2
0.3
0.4
2 months
6 months
12 months

Includes patients from the bilateral GA population

Difference
$p > 0.1$

Difference
$p = 0.083$

Safety in FILLY Study

Exudations at 12 months:
- 16% monthly, 6% every-other-month, 1% sham
- 0 cases of classical CNV
- No clinically significant impact on vision
- Most treated with anti-VEGF therapy

- Safety in line with other studies using intravitreal administration
- Serious adverse events in the study eye were reported in 4 of 86 (4.7%), 2 of 79 (2.5%), and 1 of 81 (1.2%) of patients in the pegcetacoplan monthly, pegcetacoplan every-other-month, and sham groups, respectively.
Advancing the First Potential Treatment for GA

TARGETED C3 THERAPY INTERVITREAL PEGCETACOPLAN

2017

Met primary endpoint in Phase 2 FILLY study

H2 2020

Slowed progression from intermediate AMD to GA in FILLY post hoc analysis

Q3 2021

Top-line Phase 3 results from DERBY & OAKS
Pegcetacoplan Slowed Progression from Intermediate AMD to GA

FILLY Post Hoc Analysis

Pegcetacoplan Monthly (n=19)  Sham (n=36)

PROGRESSION FROM TO IRORA TO CRORA

Pearson Chi-Square:
Month 6 - P=0.08; *Month 12 - P=0.02

Relative risk:
Month 12 - 0.61 (0.37- 1.00)
Advancing the First Potential Treatment for GA

TARGETED C3 THERAPY
INTRAVITREAL PEGCETACOPLAN

- **2017**: Met primary endpoint in Phase 2 FILLY study
- **H2 2020**: Slowed progression from intermediate AMD to GA in FILLY post hoc analysis
- **Q3 2021**: Top-line Phase 3 results from DERBY & OAKS
DERBY & OAKS: Two Phase 3 Studies (n=1,256) with Top-Line Results in Q3 2021

Same study population and trial design as FILLY

Primary endpoint:
Change in total area of GA lesion(s) based on Fundus Autofluorescence (FAF) at month 12
Apellis: Global Leader in Complement

2021 Key Milestones

PNH Launch in H1 2021 and progress 4 additional registrational programs

Phase 3 GA results in Q3 2021 a blockbuster opportunity

Advance 3 compounds into clinical development in the next 24 months
Advancing New Technologies into Clinical Development

Less-frequent dosing

Pan-AMD therapy

Neurology
### 2021: Potentially Transformational Year

<table>
<thead>
<tr>
<th>H1 2021</th>
<th>H2 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 PRINCE top-line data in treatment naïve PNH patients</td>
<td>Phase 3 DERBY &amp; OAKS top-line results in GA</td>
</tr>
<tr>
<td>Potential FDA approval of pegcetacoplan for PNH</td>
<td>Potential EMA approval of pegcetacoplan for PNH</td>
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<tr>
<td>Start Phase 3 study in IC-MPGN / C3G</td>
<td>Start registrational programs in CAD and HSCT-TMA</td>
</tr>
<tr>
<td>Data from Phase 1/2 COVID-19 study of APL-9</td>
<td>Complete enrollment in ALS registrational program</td>
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<td>Submit IND for new technology to control complement</td>
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Establish systemic pegcetacoplan as a **disruptive therapy** across rare, complement-driven diseases

Be #1 in the **retina**

Develop **new technologies** to control complement

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