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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL

OMB Number: 3235-0076

Estimated average burden

hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names	None	Entity Type
0001541157	Celsus Therapeutics Plc.		<input checked="" type="checkbox"/> Corporation
Name of Issuer Akari Therapeutics Plc	Morria Biopharmaceuticals PLC		<input type="checkbox"/> Limited Partnership
Jurisdiction of Incorporation/Organization UNITED KINGDOM			<input type="checkbox"/> Limited Liability Company
Year of Incorporation/Organization <input checked="" type="checkbox"/> Over Five Years Ago <input type="checkbox"/> Within Last Five Years (Specify Year) <input type="checkbox"/> Yet to Be Formed			<input type="checkbox"/> General Partnership
			<input type="checkbox"/> Business Trust
			<input type="checkbox"/> Other (Specify)

2. Principal Place of Business and Contact Information

Name of Issuer		Street Address 1		Street Address 2	Phone Number of Issuer
Akari Therapeutics Plc		75/76 WIMPOLE STREET			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer		
LONDON	UNITED KINGDOM	W1G 9RT	+44 20 8004 0270		

3. Related Persons

Last Name	First Name	Middle Name
Richardson	Clive	
Street Address 1	Street Address 2	ZIP/PostalCode
c/o Akari Therapeutics, PLC	75/76 Wimpole Street	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W1G 9RT
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Elefant	Dov	
Street Address 1	Street Address 2	ZIP/PostalCode
c/o Akari Therapeutics, PLC	75/76 Wimpole Street	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W1G 9RT
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Prudo

Ray

Street Address 1**Street Address 2**

c/o Akari Therapeutics, PLC

75/76 Wimpole Street

City**State/Province/Country****ZIP/PostalCode**

London

UNITED KINGDOM

W1G 9RT

Relationship: X Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Hill

James

Street Address 1**Street Address 2**

c/o Akari Therapeutics, PLC

75/76 Wimpole Street

City**State/Province/Country****ZIP/PostalCode**

London

UNITED KINGDOM

W1G 9RT

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Ungar

Stuart

Street Address 1**Street Address 2**

c/o Akari Therapeutics, PLC

75/76 Wimpole Street

City**State/Province/Country****ZIP/PostalCode**

London

UNITED KINGDOM

W1G 9RT

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Byrne

David

Street Address 1**Street Address 2**

c/o Akari Therapeutics, PLC

75/76 Wimpole Street

City**State/Province/Country****ZIP/PostalCode**

London

UNITED KINGDOM

W1G 9RT

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Williams

Donald

Street Address 1**Street Address 2**

c/o Akari Therapeutics, PLC

75/76 Wimpole Street

City**State/Province/Country****ZIP/PostalCode**

London

UNITED KINGDOM

W1G 9RT

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name**First Name****Middle Name**

Grissinger

Michael

Street Address 1**Street Address 2**

c/o Akari Therapeutics, PLC

75/76 Wimpole Street

City**State/Province/Country****ZIP/PostalCode**

London

UNITED KINGDOM

W1G 9RT

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Feldschreiber	Peter	
Street Address 1	Street Address 2	
c/o Akari Therapeutics, PLC	75/76 Wimpole Street	
City	State/Province/Country	ZIP/PostalCode
London	UNITED KINGDOM	W1G 9RT

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Health Care	<input type="checkbox"/> Retailing
<input checked="" type="checkbox"/> Banking & Financial Services	<input checked="" type="checkbox"/> X Biotechnology	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Commercial Banking	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Technology
<input type="checkbox"/> Insurance	<input type="checkbox"/> Hospitals & Physicians	<input type="checkbox"/> Computers
<input type="checkbox"/> Investing	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Investment Banking	<input type="checkbox"/> Other Health Care	<input type="checkbox"/> Other Technology
<input type="checkbox"/> Pooled Investment Fund	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Travel
<input type="checkbox"/> Is the issuer registered as an investment company under the Investment Company Act of 1940?	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Airlines & Airports
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commercial	<input type="checkbox"/> Lodging & Conventions
<input type="checkbox"/> Other Banking & Financial Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Tourism & Travel Services
<input type="checkbox"/> Business Services	<input type="checkbox"/> REITS & Finance	<input type="checkbox"/> Other Travel
<input type="checkbox"/> Energy	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Other Real Estate	
<input type="checkbox"/> Electric Utilities		
<input type="checkbox"/> Energy Conservation		
<input type="checkbox"/> Environmental Services		
<input type="checkbox"/> Oil & Gas		
<input type="checkbox"/> Other Energy		

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
<input checked="" type="checkbox"/> Decline to Disclose		Decline to Disclose
<input type="checkbox"/> Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)
Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)
Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)
X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)
	Section 3(c)(7)	

7. Type of Filing

X New Notice Date of First Sale 2019-06-28 First Sale Yet to Occur
Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
X Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
X Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient	Recipient CRD Number	None
Paulson Investment Company, LLC	5670	
(Associated) Broker or Dealer X None	(Associated) Broker or Dealer CRD Number X None	
None	None	

Street Address 1

2141 W. NORTH AVE.
City
CHICAGO

Street Address 2

2ND FLOOR
State/Province/Country
ILLINOIS

ZIP/Postal Code
60647

State(s) of Solicitation (select all that apply)
Check "All States" or check individual States All States X Foreign/non-US

ALABAMA
ARIZONA
CALIFORNIA
COLORADO
CONNECTICUT
FLORIDA
ILLINOIS
KANSAS

MARYLAND
MASSACHUSETTS
MICHIGAN
MINNESOTA
NEVADA
NEW HAMPSHIRE
NEW JERSEY
NEW MEXICO
NEW YORK
OHIO
PENNSYLVANIA
TEXAS
VIRGINIA
WASHINGTON

13. Offering and Sales Amounts

Total Offering Amount \$4,499,945 USD or Indefinite
Total Amount Sold \$4,499,945 USD
Total Remaining to be Sold \$0 USD or Indefinite

Clarification of Response (if Necessary):

The warrants and shares underlying the warrants, the subject matter of this Form D were issued in connection with an offering of (i) 2,368,392 ADSs issued in a registered direct offering, and (ii) unregistered warrants to purchase 1,184,213 ADSs.

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. _____
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering: 45

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$337,496 USD Estimate
Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

Paulson Investment Company, LLC is also entitled to expense reimbursement of up to \$50,000, a non-accountable expense allowance of \$10,000 and warrants to purchase an aggregate of 177,629 ADSs exercisable at \$2.85 per ADS for five years.

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Issuer expects to use proceeds from the offering to fund its ongoing research and clinical development efforts and for working capital and general corporate purposes.

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Akari Therapeutics Plc	/s/ Clive Richardson	Clive Richardson	Interim Chief Executive Officer and Chief Operating Officer	2019-07-12

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.