FORM 4

UNITED STATES SECU

Washington, D.C. 20549

NITIES AND EXCHANGE COMMISSION	RITIES AND EXCHANGE COMMISSION
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OMB APPROVAL											
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Prudo-Chlebosz Raymond (Last) (First) (Middle) C/O AKARI THERAPEUTICS, PLC 22 BOSTON WHARF ROAD FL 7 (Street)					2. Issuer Name and Ticker or Trading Symbol Akari Therapeutics Plc [AKTX] 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Check	Officer (give title below) Individual or Joint/Group Filing (Che				ner pecify able Line)
BOSTON (City)		MA State)	02210 (Zip)											Form filed	by More	than O	ne Reportin	g Person
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Tra				2. Transac Date (Month/Da	tion	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Di Of (D) (Instr. 3, 4 and 5)				1		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				msu. 4)			
Ordinary Shares, par value \$0.0001 per share ⁽¹⁾				12/02/2	2024			A ⁽²⁾		419,286,0	_	A	\$0.0012(2)	4,077,12	24,600	D		
Ordinary Shares, par value \$0.0001 per share ⁽¹⁾													38,709,600		600 I		Praxis Frustees Limited	
Ordinary Shares, par value \$0.0001 per share ⁽¹⁾													800,766,600		I 00		RPC Pharma Limited	
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	tercise (Month/Day/Year) if any (Month/Day/Year) Code (Ir (Month/Day/Year) 8)					6. Date Expira (Month	tion Da	ate Securi		Title and Amount of curities Underlying rivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	ve es ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	- 1	Amount or Number of Shares		Transact (Instr. 4)	tion(s)		
Warrants (Right to Buy)	\$ 0.0011 ⁽³⁾	12/02/2024		A ⁽²⁾		419,286,000		12/02/	2024	12/02/2027	Ordin Shar par v \$0.0 pe shar	res, /alue 0001	419,286,000	\$0.0012 ⁽²⁾	419,286	5,000	D	

Explanation of Responses:

- 1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents 2,000 Ordinary Shares.
- 2. On December 2, 2024, the Reporting Person acquired 419,286,000 Ordinary Shares and accompanying warrants to purchase up to 419,286,000 Ordinary Shares in a private placement by the Issuer pursuant to the terms of a Securities Purchase Agreement dated as of November 13, 2024. The combined purchase price was \$0.001193 per Ordinary Share and accompanying warrant.
- 3. The warrants have an exercise price of \$0.001130 per Ordinary Share.

/s/ Wendy F. DiCicco, as 12/03/2024 Attorney-in-Fact

** 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.