UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 6-K

Report of Foreign Private Issuer
Pursuant to Rule 13a-16 or 15d-16
under the Securities Exchange Act of 1934

January 2017

Commission file number: 001-36288

Akari Therapeutics, Plc
(Translation of registrant's name into English)

24 West 40th Street, 8th Floor
New York, NY 10018
(Address of principal executive offices)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F ☒ Form 40-F ☐

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulations S-T Rule 101(b)(1):_____

Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulations S-T Rule 101(b)(7):_____

CONTENTS

Akari Therapeutics, Plc (the "Company") has posted to its website a corporate presentation. A copy of the presentation is furnished with this Report of Foreign Private Issuer on Form 6-K as Exhibit 99.1 and is incorporated herein by reference.

The information contained in this report (including the exhibit hereto) is hereby incorporated by reference into the Company's Registration Statement on Form S-3, File No. 333-207443.

Cautionary Note Regarding Forward-Looking Statements

The presentation attached hereto as Exhibit 99.1 may contain forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995 and other Federal securities laws. These forward-looking statements reflect our current views about our plans, intentions, expectations, strategies and prospects, which are based on the information currently available to us and on assumptions we have made. Although we believe that our plans, intentions, expectations, strategies and prospects as reflected in or suggested by those forward-looking statements are reasonable, we can give no assurance that the plans, intentions, expectations or strategies will be attained or achieved. Furthermore, actual results may differ materially from those described in the forward-looking statements and will be affected by a variety of risks and factors that are beyond our control. Such risks and uncertainties for our company include, but are not limited to: an inability or delay in obtaining required regulatory approvals for Coversin and any other product candidates, which may result in unexpected cost expenditures; risks inherent in drug development in general; uncertainties in obtaining successful clinical results for Coversin and any other product candidates and unexpected costs that may result therefrom; failure to realize any value of Coversin and any other product candidates developed and being developed in light of inherent risks and difficulties involved in successfully bringing product candidates to market; inability to develop new product candidates and support existing product candidates; the approval by the FDA and EMA and any other similar foreign regulatory authorities of other competing or superior products brought to market; risks resulting from unforeseen side effects; risk that the market for Coversin may not be as large as expected; inability to obtain, maintain and enforce patents and other intellectual property rights or the unexpected costs associated with such enforcement or litigation; inability to obtain and maintain commercial manufacturing arrangements with third party manufacturers or establish commercial scale manufacturing capabilities; the inability to timely source adequate supply of our active pharmaceutical ingredients from third party manufacturers on whom the company depends; our inability to obtain additional capital on acceptable terms, or at all; unexpected cost increases and pricing pressures; uncertainties of cash flows and inability to meet working capital needs; and risks and other risk factors detailed in our public filings with the U.S. Securities and Exchange Commission, including our Annual Report on Form 10-K filed on March 23, 2016. Except as otherwise noted, these forward-looking statements speak only as of the date of the presentation and we undertake no obligation to update or revise any of these statements to reflect events or circumstances occurring after this presentation. We caution investors not to place considerable reliance on the forward-looking statements contained in this presentation.

Exhibit No.

99.1 Investor Presentation of Akari Therapeutics, Plc dated January 2017.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

Akari Therapeutics, Plc
(Registrant)

By: /s/ Robert M. Shaw
Name: Robert M. Shaw
General Counsel & Secretary

Date: January 9, 2017

Exhibit 99.1

Cautionary Note Regarding Forward-Looking Statements

Certain statements in this presentation constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act and Section 21E of the Securities Exchange Act and are usually identified by the use of words such as "anticipates," "believes," "estimates," "expects," "intends," "may," "plans," "projects," "seeks," "should," "will," and variations of such words or similar expressions. We intend these forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 27A of the Securities Act and Section 21E of the Securities Exchange Act and are making this statement for purposes of complying with those safe harbor provisions. These forward-looking statements reflect our current views about our plans, intentions, expectations, strategies and prospects, which are based on the information currently available to us and on assumptions we have made. Although we believe that our plans, intentions, expectations, strategies and prospects as reflected in or suggested by those forward-looking statements are reasonable, we can give no assurance that the plans, intentions, expectations or strategies will be attained or achieved. Furthermore, actual results may differ materially from those described in the forward-looking statements and will be affected by a variety of risks and factors that are beyond our control. Risks and uncertainties for our company include, but are not limited to: an inability or delay in obtaining required regulatory approvals for Coversin and any other product candidates, which may result in unexpected cost expenditures; risks inherent in drug development in general; uncertainties in obtaining successful clinical results for Coversin and any other product candidates and unexpected costs that may result therefrom; failure to realize any value of Coversin and any other product candidates developed and being developed in light of inherent risks and difficulties involved in successfully bringing product candidates to market; inability to develop new product candidates and support existing products; the approval by the FDA and EMA and any other similar foreign regulatory authorities of other competing or superior products brought to market; risks resulting from unforeseen side effects; risk that the market for Coversin or other product candidates may not be as large as expected; inability to obtain, maintain and enforce patents and other intellectual property rights or the unexpected costs associated with such enforcement or litigation; inability to obtain and maintain commercial manufacturing arrangements with third party manufacturers or establish commercial scale manufacturing capabilities; unexpected cost increases and pricing pressures; and uncertainty of our ability to raise capital and our inability to meet working capital needs. Many of these factors that will determine actual results are beyond our ability to control or predict. For a discussion of the factors that may cause our actual results, performance or achievements to differ materially from any future results, performance or achievements expressed or implied in such forward-looking statements, see the "Risk Factors" section of our most recently filed 10K. Existing and prospective investors are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. The statements made in this press release speak only as of the date stated herein, and subsequent events and developments may cause our expectations and beliefs to change. Unless otherwise required by applicable securities laws, we do not intend, nor do we undertake any obligation, to update or revise any forward-looking statements contained in this news release to reflect subsequent information, events, results or circumstances or otherwise. While we may elect to update these forward-looking statements publicly at some point in the future, we specifically disclaim any obligation to do so, whether as a result of new information, future events or otherwise, except as required by law.

Portfolio of Anti-Inflammatory Compounds for Orphan Conditions

AKARI THERAPEUTICS

Exploiting power of nature: Ticks evolved wide range of immunomodulators over 300 million years

Advancing Clinical Program

- PNH resistant patient successfully on therapy for >11 months
- PNH - expect Ph2 data 1Q 2017 & Ph3 initiated mid-2017
- aHUS pivotal trial expected 2017

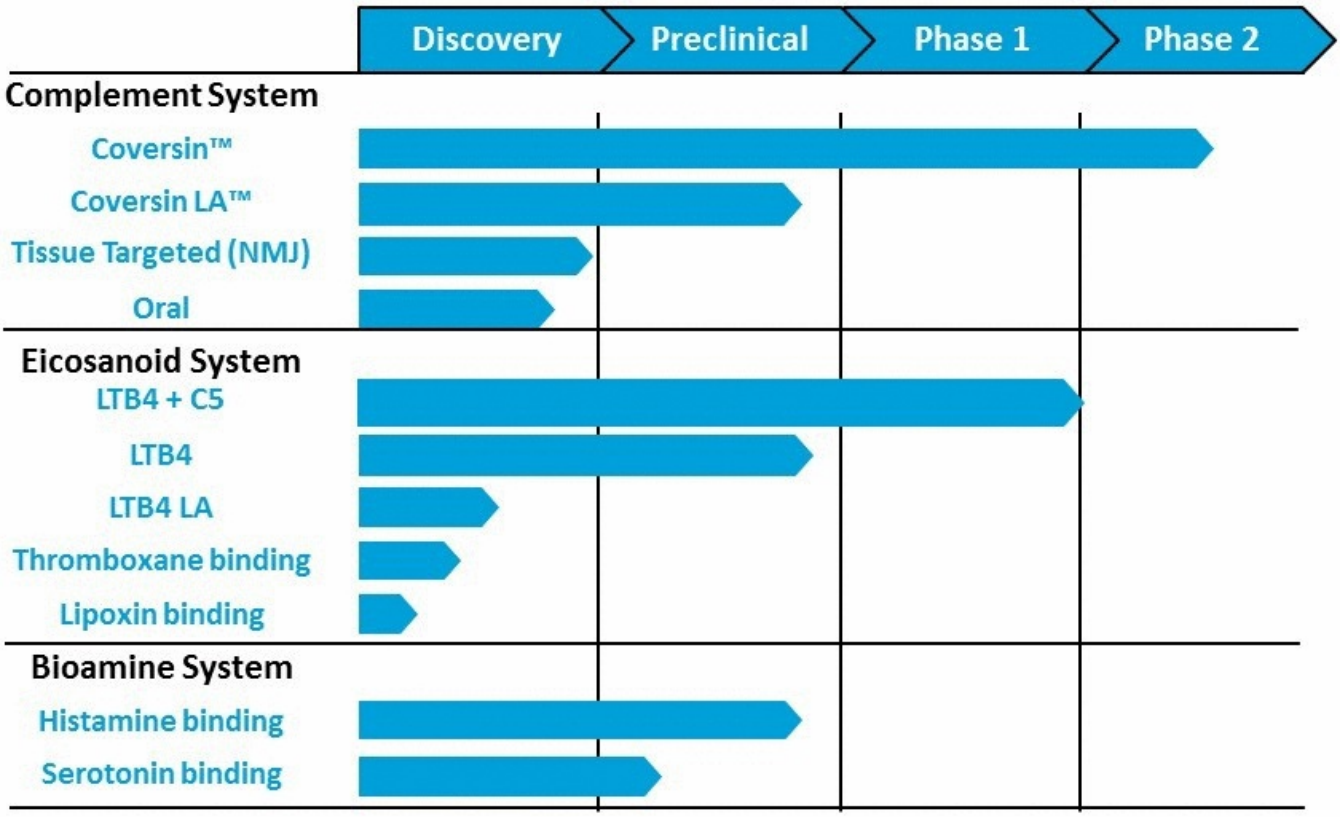
Coversin Competitive Advantages

- Complete ablation with once-daily dosing
- Market research indicates sizeable patient sub Q preference
- Weekly dosing in development – Phase 1 expected 1Q 2018
- LTB4 inhibition may reduce thrombotic risk

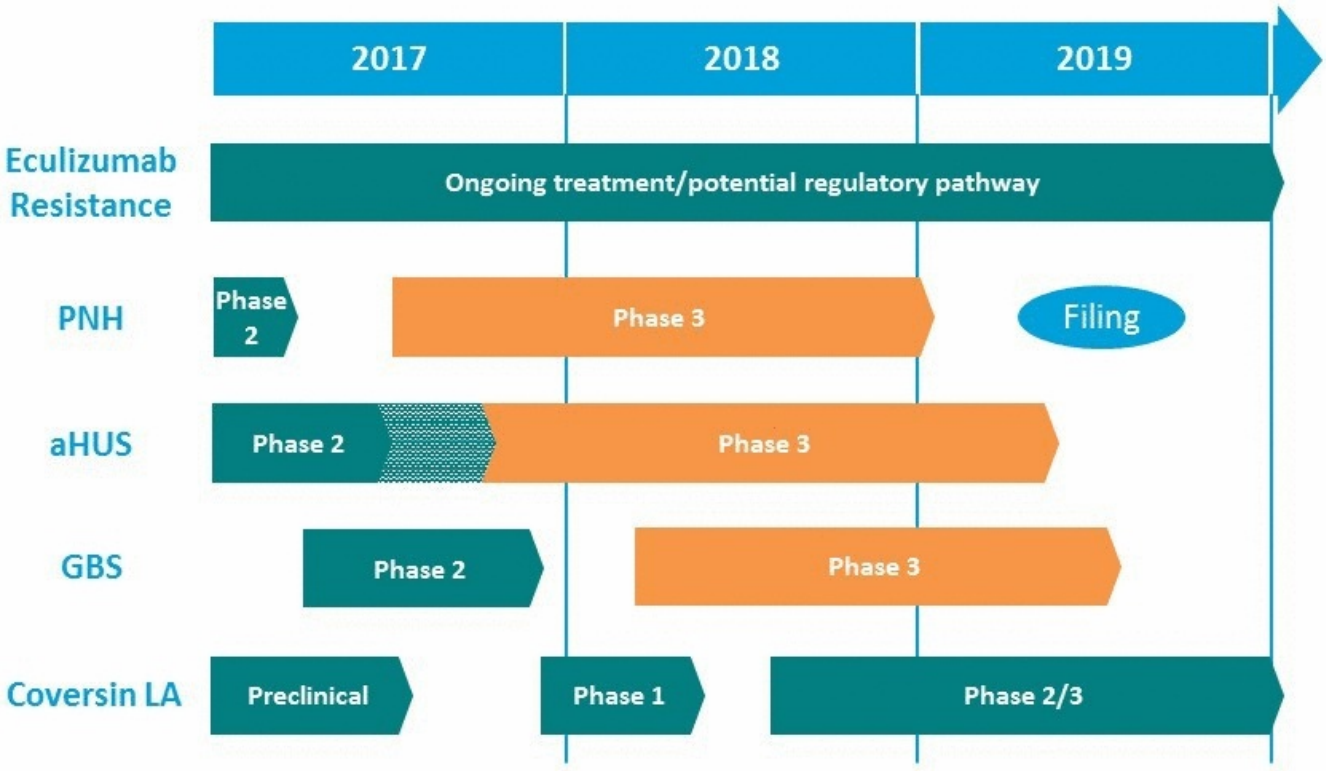
Portfolio Covering Multiple Pathways

- Complement - engineered for tissue targeting and longer T1/2
- Eicosanoid - LTB4-only; preclinical completed by YE 2017
- Bioamine - targeted for clinic early 2018
- Dual action C5+LTB4 - targeted for clinic by YE 2017

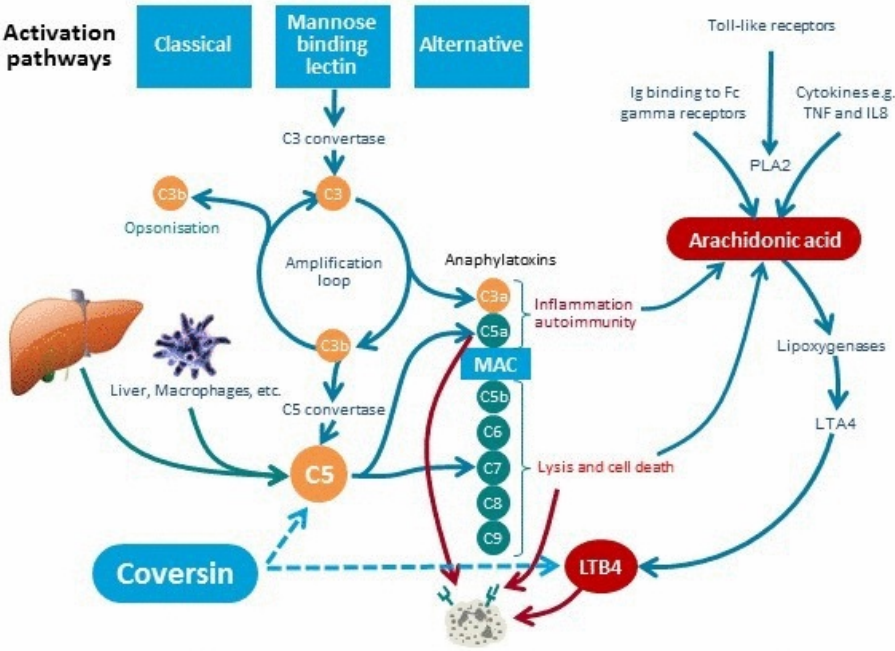
Pipeline of Diverse Molecules Targeting Multiple Pathways



Current Coversin Clinical Timeline

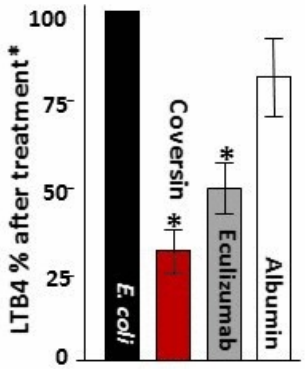


Coversin Differentiated by Dual C5 and LTB4 Action



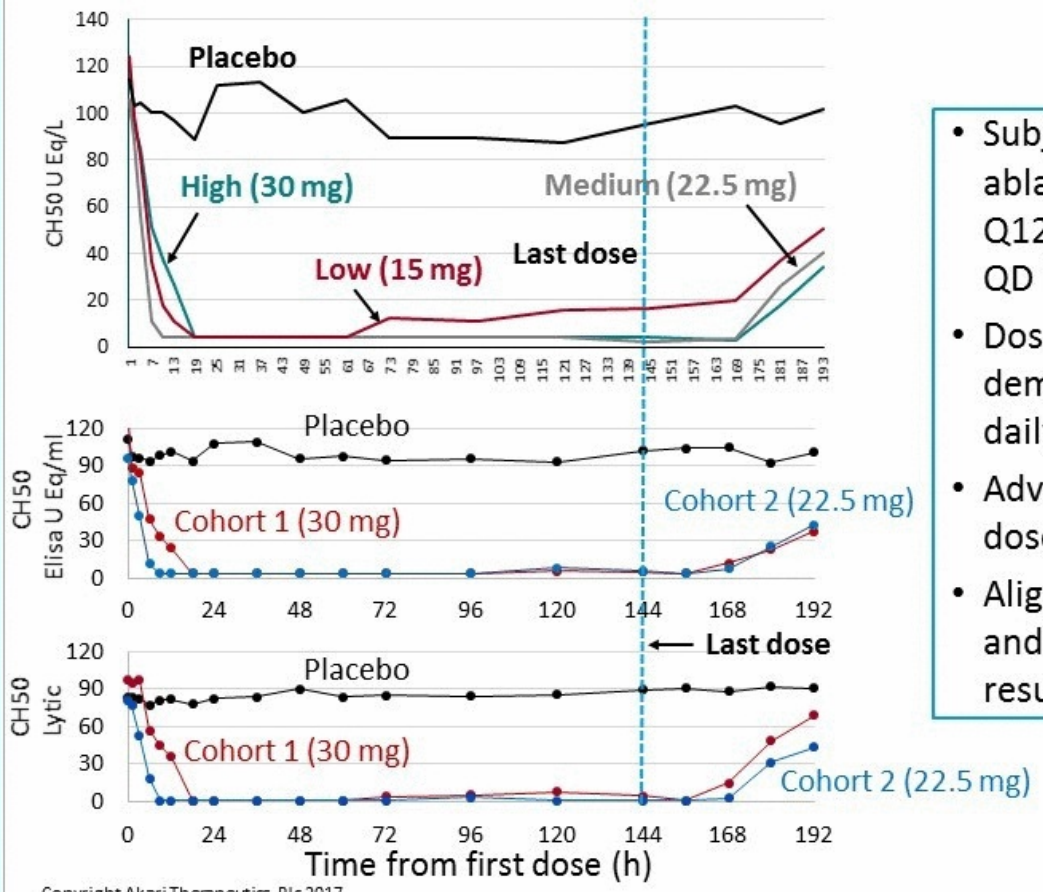
C5a, LTB4 and MAC act jointly on granulocytes, leukocytes and many other immune and tissue cell types - potentially causing inflammation and damage

- Eculizumab only inhibits human C5
- C5 and LTB4 act synergistically



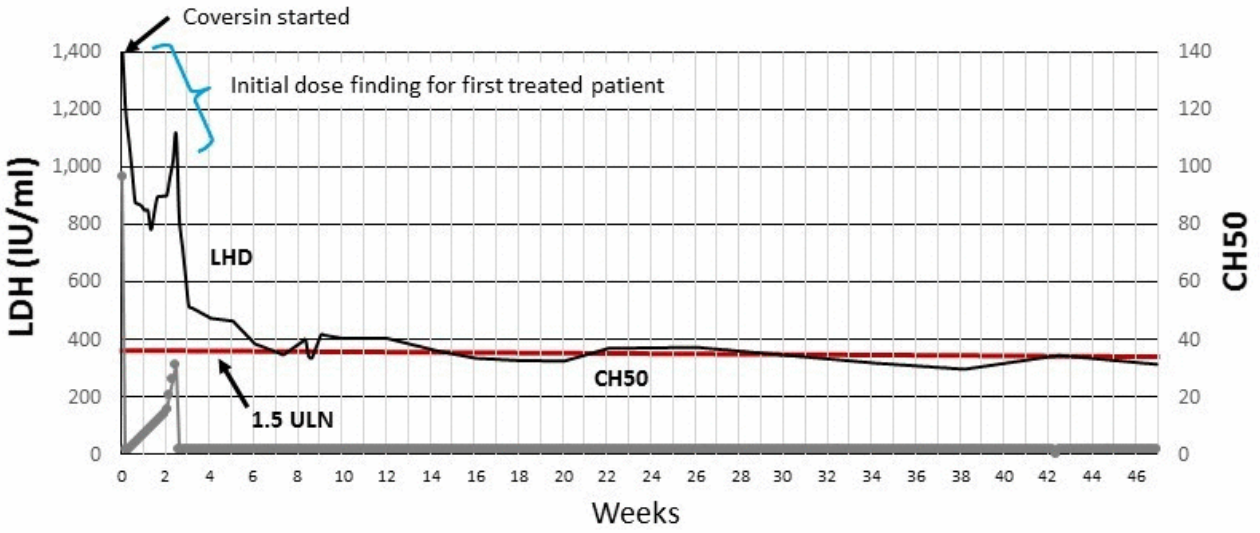
** In vivo E coli model, Barrett-Due et al 2011*

Phase Ib Trial: Once Daily Dosing Provides Full Ablation



- Subjects received 4 ablating injections Q12 for 2 days, then QD for 5 days
- Dose effect demonstrates once-daily dosing
- Advanced 30 mg dose into Ph2 trial
- Alignment of Elisa and Lytic CH50 results

>11 Months Successful Treatment* of Eculizumab-Resistant PNH Patient

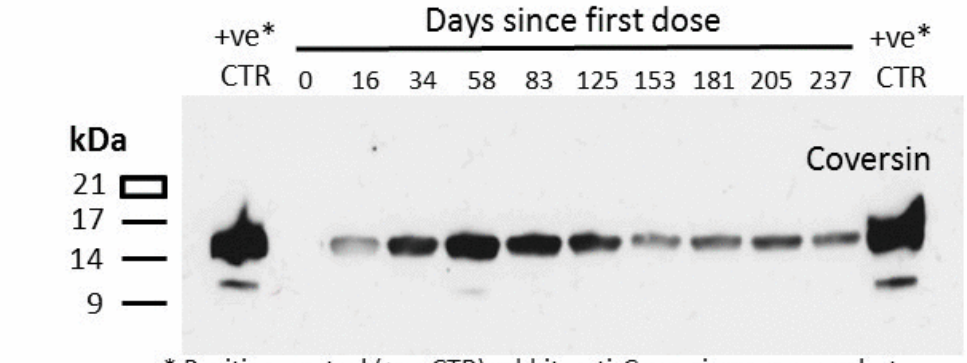


- Since day 18:
  - No dose changes
  - No haemolytic episodes; no SAEs
  - CH50 <8.0 U Eq/mL (lower limit of quantification)

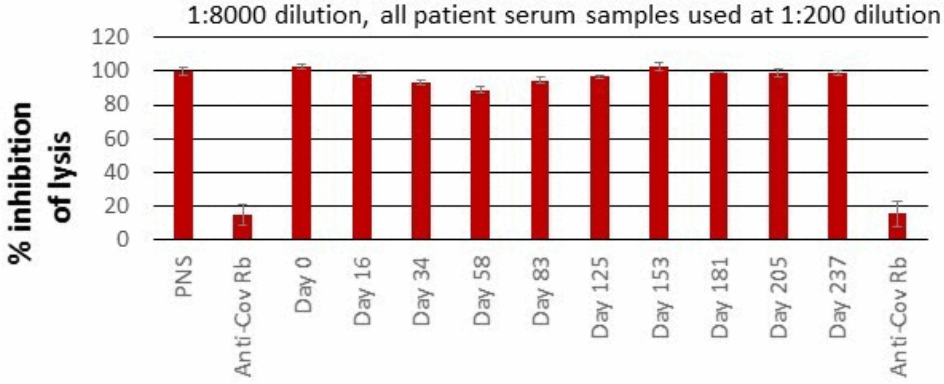
* Pursuant to an approved clinical protocol in the Netherlands

2016 EH, Saskia Langemeijier, University of Radboud, Nijmegen

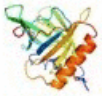
Eculizumab-Resistant PNH Patient: No Neutralizing Antibodies to Date



* Positive control (+ve CTR) rabbit anti-Coversin serum used at 1:8000 dilution, all patient serum samples used at 1:200 dilution



- Antibody first detectable after 2 weeks
- Response peaked at 9 weeks, then declined to stable level
- Antibody is low titre undetectable by ELISA
- Purified IgG antibody is non-neutralizing



PNH Clinical Program
Phase 3 Planned for Mid-2017

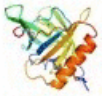
AKARI THERAPEUTICS

Phase 2 Ongoing

- Data release expected March 2017
- Leading PNH treatment centers in EU
- Primary efficacy endpoint: LDH at 28 days
- Secondary efficacy endpoints: Hgb, transfusions, hemoglobinuria, CH50, LDH, and quality of life

Phase 3 2017

- Trial initiation planned mid-2017
- Network of leading PNH centers
- Scientific advice received from EMA & FDA
- Infrastructure in place to roll over from Phase 2-3



aHUS and GBS Clinical Programs

aHUS

- Open label Phase 2 first patient expected 2Q 2017
- Leading treatment centers in EU
- Planned to progress directly into Ph 3 trial in late 2017

GBS

- Immune-mediated polyneuropathy with severe clinical outcomes (2–12% die; 10–35% permanent impairment)
- Phase 2 trial focused on Americas and Zika-induced GBS
- 28 days dosing + 6 month follow up

Exploiting the Power of Nature: Akari Discovery Platform

Pipeline of tick-derived molecules selected to suppress mediators of chronic inflammation in wide range of orphan disorders

Coversin engineered molecules targeted to complement pathway

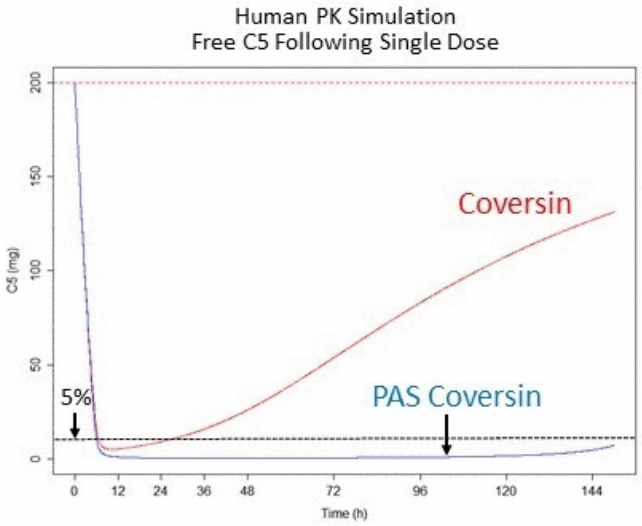
- Extended half-life (LA)
- Tissue targeting
- Dual action C5+LTB4

New Akari tick-derived anti-inflammatory molecules

- Eicosanoid pathway (LTB4)
- Bioamine pathway (Histamine)
- Other complement pathway targets

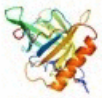
Once-Weekly Formulation Coversin LA

- Addition of 600 Pro-Ala-Ser amino acids (PASylation™)
- Increases MW from 17 to 68 kDa – Apparent ~600 kDa MW
- Terminal half life est. at 4 days
- Phase 1 clinical study - expected timing 4Q 2017
- Clean initial toxicology comparable to unmodified Coversin



Evidence to date supports projection of weekly dosing regime in humans

* PASylation trademark and technology owned by XL-protein GmbH



Tissue-Targeting Coversin Program to Access New Indications

- Coversin targeted to specific tissues by fusing peptides to N-terminal

- First condition is Myasthenia Gravis (MG)
  - Neuromuscular junction (NMJ) using targeted aptamer
  - Dose expected to be <20% of that for other C5 indications
  - Potential benefits:
    - Reduced infection risk
    - Lower cost of treatment; opens up larger patient population
    - Improved efficacy
  - Phase 1 trials – expected by mid-2018

Coversin - Dual C5/LTB4 Activity May Lead to New Market Opportunities

Competitive Advantages

- Synergistic with C5 inhibition
- Co-occurrence at inflammatory site
- Feedback loops between C5 and LTB4
- Can also be activated independently

Potential Indications

- Lung - Obliterative Bronchiolitis
- Juvenile Rheumatoid Arthritis
- Ophthalmic – Sjogren's
- Blistering skin – Severe Pemphigoid

First Phase 2 trial initiation expected 2H 2017

LTB4 Inhibitors: Increasingly Important Clinical Target

Competitive Advantages

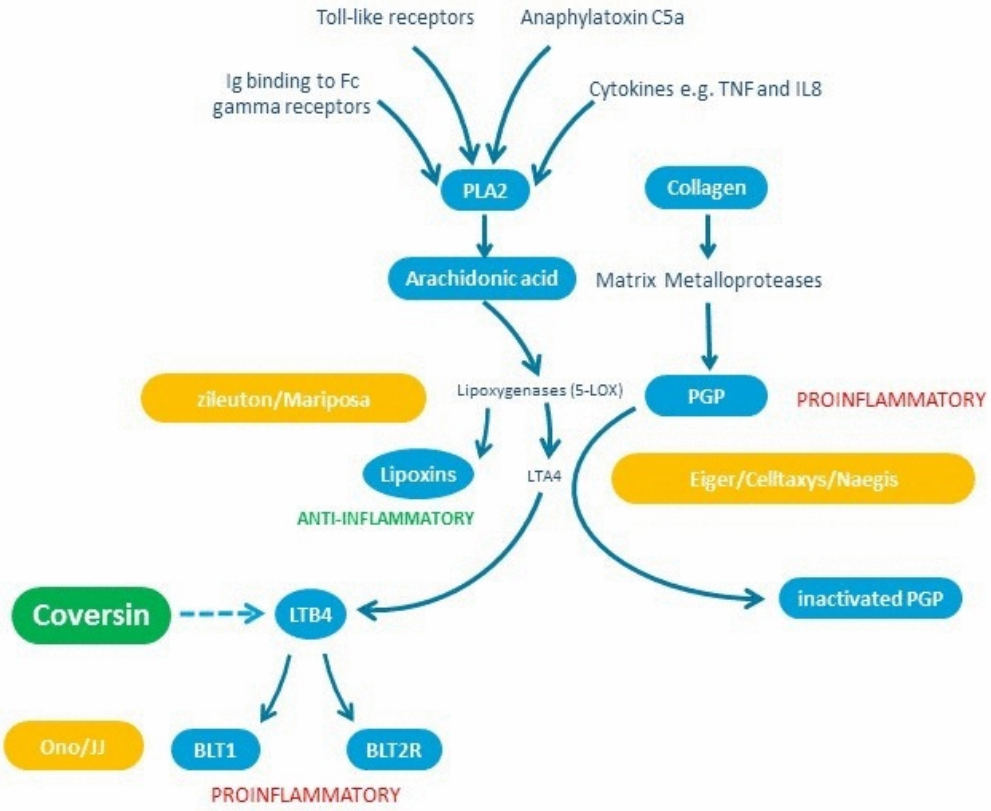
- Differentiated MOA
- Captures ligand
- No effect on cysLT or lipoxines, resolvins
- Does not cause shunt to prostanoids
- Leaves LTA4H hydrolytic activity against PGP intact

Potential Indications

- Lung:
  - Treatment resistant Asthma
  - Alpha-1-Antitrypsin
  - COPD (freq. exacerbation)
  - Pulmonary Hypertension
- Oncology:
  - Checkpoint combination therapy

Expected preclinical completion 2017 + first-in-man in 2018

L-Coversin Competitive Advantage: Unique Mode of Action



Portfolio of Distinct Bioamine Inhibitors

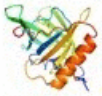
Competitive Advantages

- Different molecules targeting different or multiple ligands
- Prevents interaction with all four GPCRs (H1, H2, H3, H4)
- Mast cell stabilizer

Potential Indications

- Skin - severe eczema
- CNS - neuropathic pain
- Ophthalmic - retinopathies

Expected preclinical completion 2017 + first-in-man in 2018

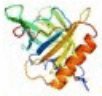


Financial Summary

• $75 million PIPE	September 2015
• ADS outstanding	11,776,934
• ADS Fully Diluted	12,667,441
• Cash as of Sept 30	$51m (no debt)
• Funding through	Early 2018

Proven Management Team

Ray Prudo MD	***Executive Chairman*** • Lead investor (RPC); founder Akari; medical entrepreneur
Gur Roshwalb MD, MBA	***Chief Executive Officer*** • Celsus; Venrock; Piper Jaffray; Internist
Clive Richardson	***Chief Operating Officer*** • LEK Consulting; Head of Research - Investec; RPC
Wynne Weston-Davies, MD	***Medical Director*** • European Medical Director, BMS; 25 years development experience
Miles Nunn PhD	***Chief Scientific Officer*** • Coversin inventor; 15 years biotech development from parasites
Brihad Abhyankar FRCS	***Head Clinical Development*** • Takeda; Shire; Schering-Plough; Solvay
Nigel Hernandez PhD	***Vice President of Worldwide Regulatory Affairs*** • Biopure; Millennium; Archemix; ARIAD; Tarsa; Actelion
Dov Elefant	***Chief Financial Officer*** • Lev Pharmaceuticals; EpiCept; Synvista; Tetragenix
Robert Shaw JD	***General Counsel*** • KV Pharmaceuticals; Savient Pharmaceuticals; Pliva Inc.
Michael King MBA	***Corporate Development*** • Aprecia Pharmaceuticals; McKinsey Consulting; Sandoz GmbH



Milestones
Historic and Anticipated

2016

- Phase 1b ✓
- PNH resistant patient treated (>11 months) ✓
- Phase 2 PNH trial initiated ✓
- US IND and US/EU orphan designations allowed ✓
- CMC scale up 4Q 2016 ✓

1H 2017

- Phase 2 PNH data – 1Q 2017
- Phase 2 GBS trial – initiation
- Phase 2 aHUS trial – initiation
- Animal POC for eicosanoid and bioamine pathways

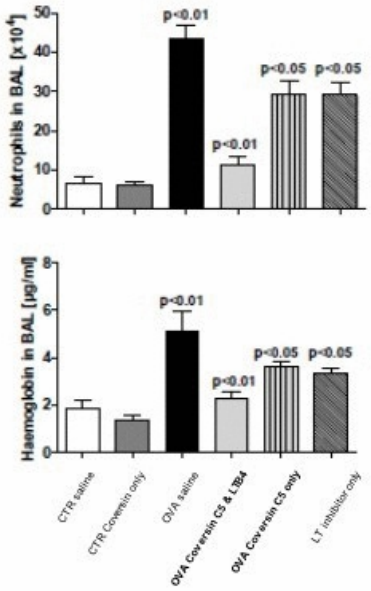
2H 2017

- Phase 3 PNH trial – initiation
- Phase 3 aHUS trial – initiation
- Phase 1 Coversin LA trial – initiation
- Phase 2 dual action C5 + LTB4 – initiation

Appendix

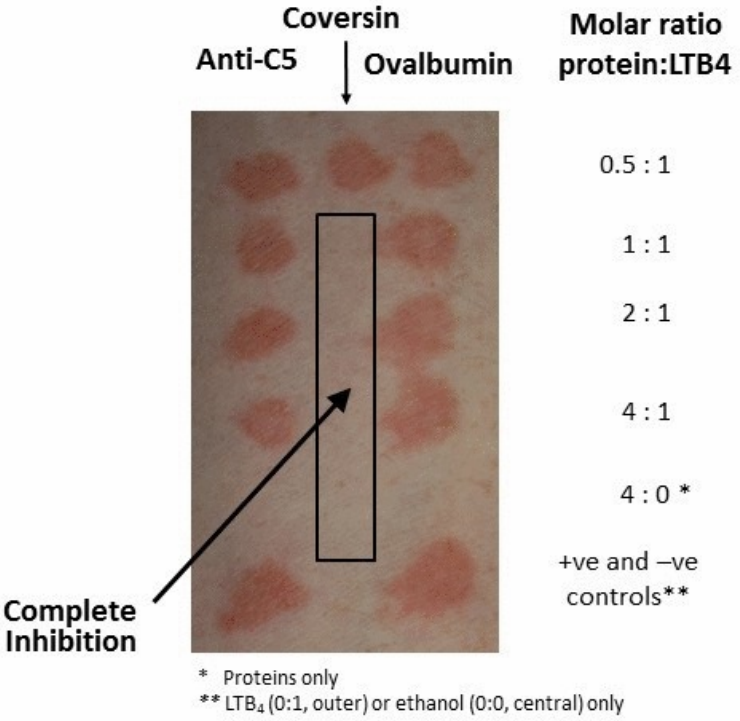
Dual C5/LTB4 Activity May Lead To New Market Opportunities

Immune-Complex Mediated Acute Lung Injury Mouse Model



Roversi P et al. J Biol Chem 288: 18789; 2013

Coversin Blocks Effects of LTB4 on Human Skin

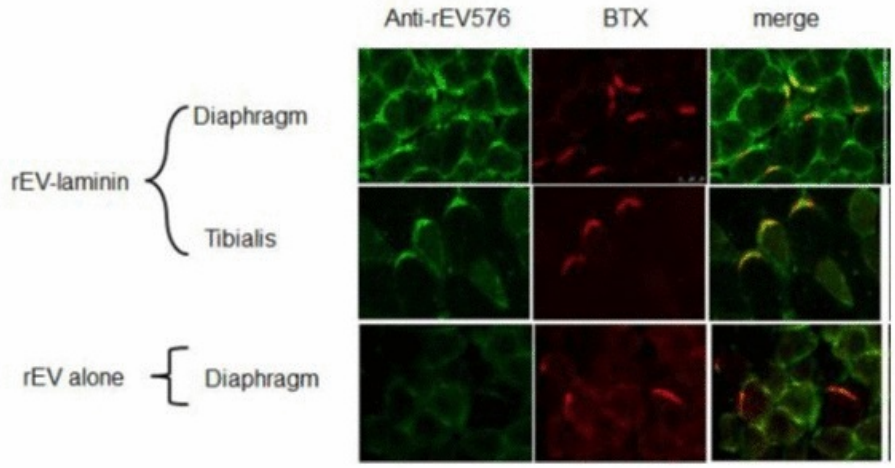


* Proteins only

** LTB_4 (0:1, outer) or ethanol (0:0, central) only

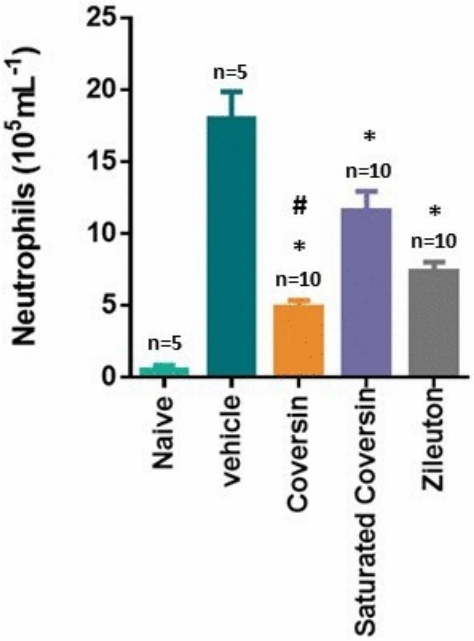
Coversin Tissue Targeting: NMJ

- Coversin linked to peptide which binds laminin γ1
  - Differentially concentrates at basal lamina of NMJ
- Immunohistochemical analysis in mice shows that Coversin-laminin construct – unlike Coversin alone - concentrates to NMJ of diaphragm and tibialis muscles
- No evidence of weakness by standard behavioral testing



LPS Mouse Lung Challenge Model

Demonstrates superior neutrophil inhibition with Coversin vs treatment with Zileuton



- Neutrophilic response (mean and SEM) in bronchoalveolar lavage fluid of mice 8 hr following 50µg LPS i.t.
- Treatments (i.t.): 100 µg Coversin, 100 µg LTB4 saturated Coversin, 50 mg/Kg Zileuton or vehicle
- Statistical comparisons to vehicle and between Coversin and Zileuton made using a one-way ANOVA, followed by a Dunnett's test, * $P<0.01$ and # $P<0.05$. Comparisons to the vehicle (*) and between Coversin (#) and Zileuton

Note: saturated Coversin inhibits C5 only, Coversin inhibits C5 and LTB_4

NASDAQ: AKTX

January 2017