FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

KIIIE3 <i>F</i>	AND EXCHANGE	COMMISSIC
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on, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287
Estimated average	burden
hours per response	. 05

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 Rule 10b5Filed 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* Gaslightwala Abizer					2. Issuer Name and Ticker or Trading Symbol Akari Therapeutics Plc [ AKTX ]								(Check	all app	p of Reporting Person(s) to Issuer olicable)			
													1		Director		10% Owner	
(Last) (First) (Middle) C/O AKARI THERAPEUTICS PLC 22 BOSTON WHARF ROAD FL 7					3. Date of Earliest Transaction (Month/Day/Year) 01/03/2025								Officer (give title Other (spe below) below)					specify
	101\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	KI KOMDIL /		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOSTON MA 02210												✓						
(City)	(St	ate) (2	Zip)															
		Table	I - Non-Deriv	ative	Secu	rities	Acc	quire	ed, Di	sposed of	f, or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			/ear) l	Execution Date,		,   T	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 are				and 5) Securiti Benefic		ties cially d Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							C	ode	v	Amount	(A) or (D)	Price		Transa	ransaction(s) nstr. 3 and 4)			(mou. 4)
Ordinary Shares, par value \$0.0001 per share <sup>(1)</sup> 01/03/2025			25		1	<b>A</b> <sup>(2)</sup>		1,720,000	A	\$0.00	006 <sup>(2)</sup> 71,7		1,720,000		)			
		Tal	ble II - Derivat (e.g., p							posed of, convertib				Owne	d	,	,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		saction (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Yeas		Date	Amount of		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ov Fo Dii or (I)	vnership rm: 'ect (D) Indirect (Instr. 4)	Beneficial Ownershi t (Instr. 4)
				Code	, v	(A)	(D)	Date	e rcisable	Expiration Date	Title	Amoun or Number of Shares	er					

## **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 January 3, 2025, the Reporting Person acquired 1,720,000 Ordinary Shares at purchase prices ranging from of \$0.00064 to \$0.000625 per Ordinary Share.

/s/ Torsten Hombeck, as 01/07/2025 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.