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

December 2016

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 made at the Analyst & Investor Symposium held during the 58th American Society of Hematology meeting. 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 December 2016.

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)

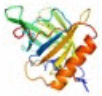
By: /s/ Robert M. Shaw
Name: Robert M. Shaw
General Counsel & Secretary

Date: December 6, 2016

Exhibit 99.1

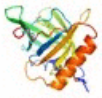
NASDAQ: AKTX

December 2016



Cautionary Note Regarding Forward-Looking Statements

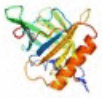
Certain statements in this presentation constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act and Section 21E of the Securities Exchange Act and are usually identified by the use of words such as "anticipates," "believes," "estimates," "expects," "intends," "may," "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.



Agenda

AKARI THERAPEUTICS

- Introduction – Dr. Gur Roshwalb
- Phase 1b trial – Dr. Wynne Weston-Davies
- Soliris® resistance – Dr. Petra Muus
- PNH – Dr. Anita Hill
- Development pipeline – Dr. Gur Roshwalb
- Coversin LA – Clive Richardson



Exploiting the Power of Nature: Coversin and Other Tick-Derived Proteins

Advancing Clinical Program

- Resistant patient successfully on therapy for 9 months
- Phase 2 PNH patients identified; 90 day data expected March 2017
- Phase 3 expected to commence mid 2017

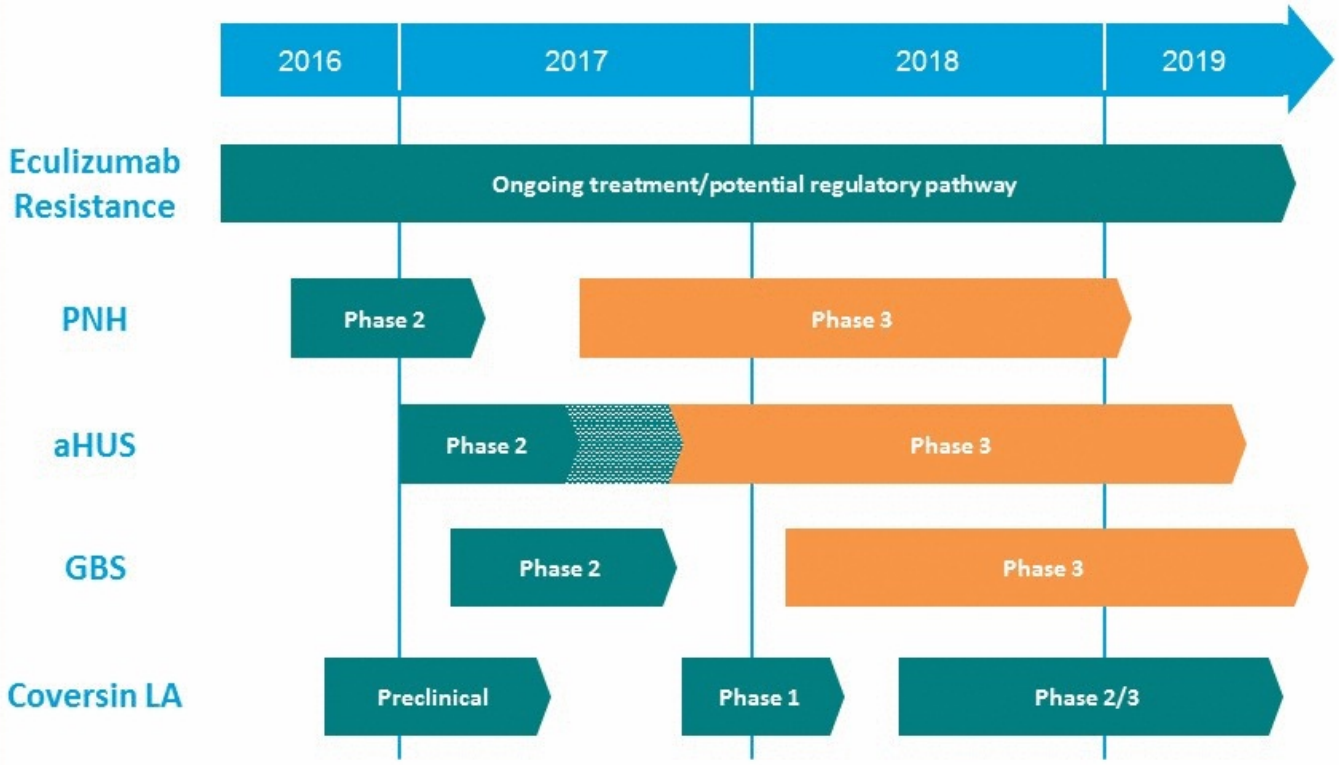
Daily To Weekly Dosing

- Phase 1b complete ablation with once-daily dosing
- Coversin LA preclinical results support once-weekly
- Strong patient support for subcutaneous delivery

New Discovery Platform

- New compounds expected into FTIH trials in 2017/18
  - Tick-derived anti-inflammatory molecules
  - Engineered molecules based on tick proteins

Current Clinical Timeline



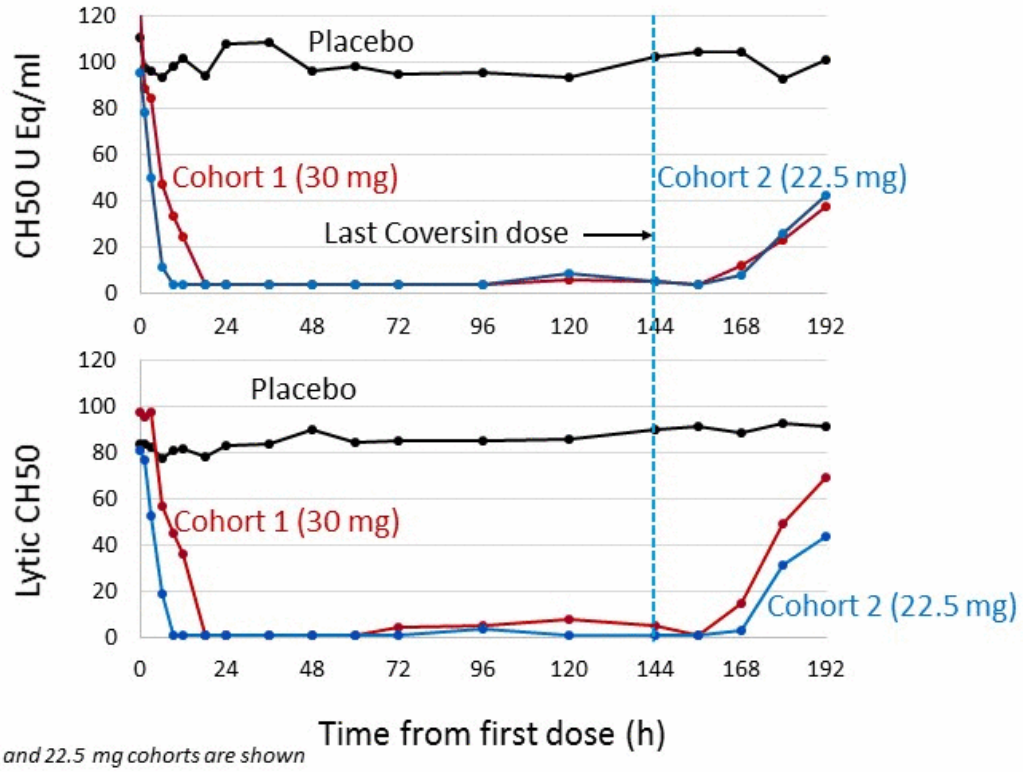
PNH Phase Ib Trial: Daily Dosing Gives Full Ablation at Target Maintenance Dose

- Subjects received ablating 4 injections 12 hourly for 2 days, then once daily for 5 days
- Samples taken 12 hours (first 4 doses) or 24 hours (last 5 doses) after previous dose
- No injection site reactions
- Confirmatory cohort in progress at selected optimal dose for 21 days

15 mg cohort
22.5 mg cohort
30 mg cohort

CH50 below 8.0 is lower than limit of quantitation so mean of these results shown (4.0 U Eq/L)

PNH Phase Ib Trial:
Alignment of CH50 Elisa and Lytic Results*



** Only the 30 mg and 22.5 mg cohorts are shown*

Dr. Petra Muus
Internist Hematologist

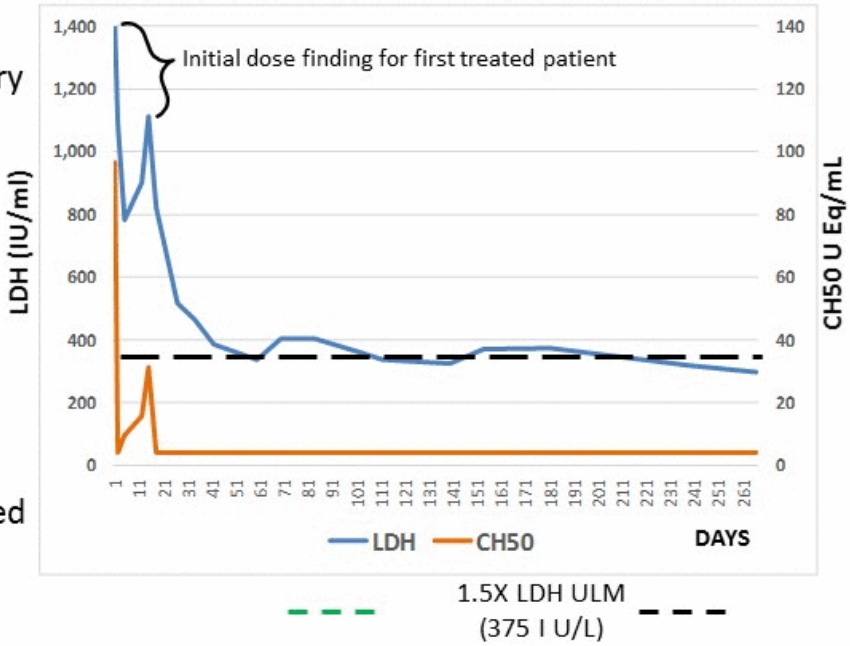
PNH Expert Center, Dept Hematology,
Radboudumc Nijmegen, the Netherlands

- Dr. Saskia Langemeijer, internist hematologist
- Dr. Marten Nijziel, internist hematologist
- Dr. Saskia Schols, internist hematologist
- Ankie Sneek, dedicated PNH nursing team
- Ing. Bas van Haren, Hemato-Oncology Trial Data Center

Radboudumc

Successful Treatment of Eculizumab-Resistant Patient

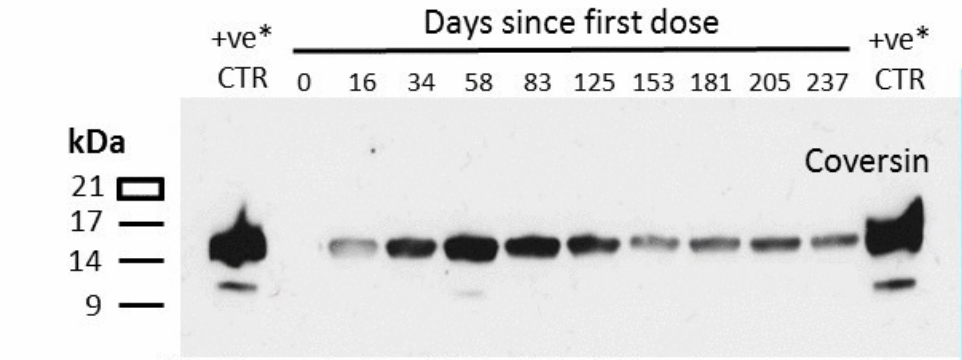
- Eculizumab-resistant PNH patient treated*since February
  - Continues to self-inject
  - Symptom free
- Since day 18:
  - No dose changes
  - No haemolytic episodes
  - CH50 <8.0 U Eq/mL (lower limit of quantification)
- Well tolerated (no drug-related AEs)



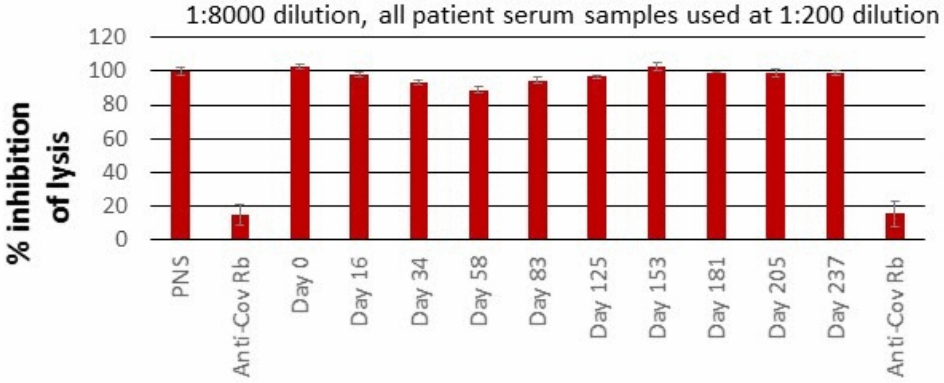
* Pursuant to an approved clinical protocol in the Netherlands

2016 EH, Saskia Langemeijier, University of Radboud, Nijmegen

Resistant 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



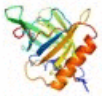
- Antibody first detectable after 2 weeks
- Response peaks at 9 weeks, then declines to stable level
- Antibody is low titre undetectable by ELISA
- Purified IgG antibody is non-neutralizing

Dr. Anita Hill

Dr. Anita Hill MBChB (Hons), MRCP, FRCPath, PhD

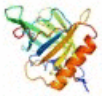
- Lead investigator COBALT

- Consultant Haematologist, Honorary Associate Professor, and Clinical Lead, National PNH Service & Leeds Teaching Hospitals
- Former Consultant Haematologist and Clinical Lead for Bradford Teaching Hospitals NHS Foundation Trust
- Member of Royal College of Pathologists, the British Society of Haematology, and the International PNH Interest Group



Potential Advantages of Coversin

- Subcutaneous delivery
- CH50 control on a daily basis
- LTB4 benefits / thrombosis
- Tissue penetration
- Activity even in p.Arg885His mutation / resistant patients



PNH Phase 2 and Phase 3

Phase 2 Ongoing

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

Phase 3 2017

- Trial initiation expected summer 2017
- Working with network of leading PNH centers
- Undergoing scientific advice with EMA & FDA

Exploiting The Power Of Nature: Akari Discovery Platform

AKARI THERAPEUTICS

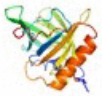
Pipeline of tick-derived molecules selected to suppress mediators of chronic inflammation in wide range of orphan disorders

Coversin engineered molecules targeted to complement pathway

- Extended half life (LA)
- Tissue targeting

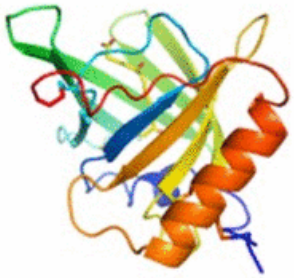
New Akari tick-derived anti-inflammatory molecules

- Eicosanoid pathway (LTB4)
- Bioamine pathway (Histamine)
- Complement pathway (RaCi)

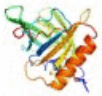


Benefits of Nature-Derived Platform From Tick-Based Compounds

- 300 million years of development
- Predominantly lipocalins
  –Stable
  –Easily engineered

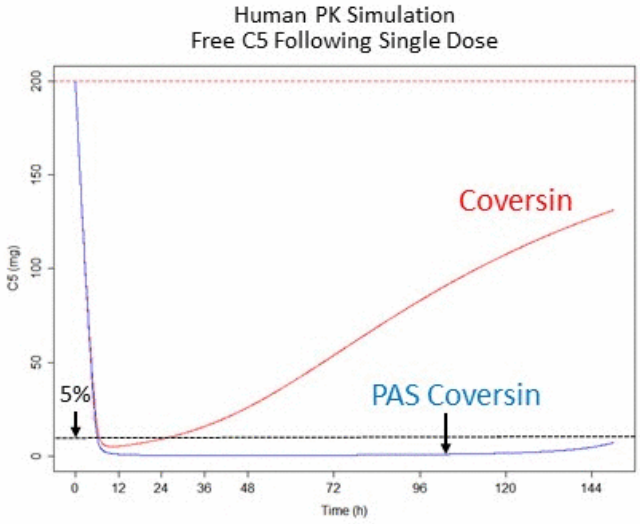


- Ligand capture
- Tight binding
- Ability to engineer

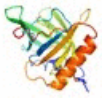


Once-Weekly Formulation Coversin LA

- Addition of 600 Pro-Ala-Ser amino acids (PASylation™)
- Increases MW from 17 to 68 kDa – Apparent ~600 kDa MW
- No toxicity in rat model at high multiple of expected maintenance dose in man
- Terminal half life based on mouse and rat models, est. at 4 days
- Highly soluble, fully active and bioavailable
- Phase 1 clinical study - expected timing 4Q 2017



Evidence to date supports projection of weekly dosing regime in humans

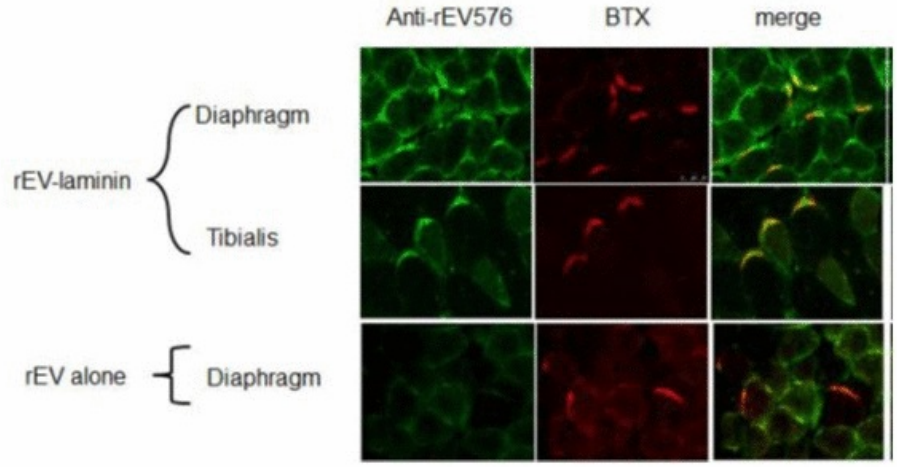


Tissue Targeting Coversin Program

- 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; potentially larger patient population
    - Improved efficacy
  - Phase 1 trials – expected by mid-2018
- Option for targeting other binding sites

Coversin Tissue Targeting: NMJ

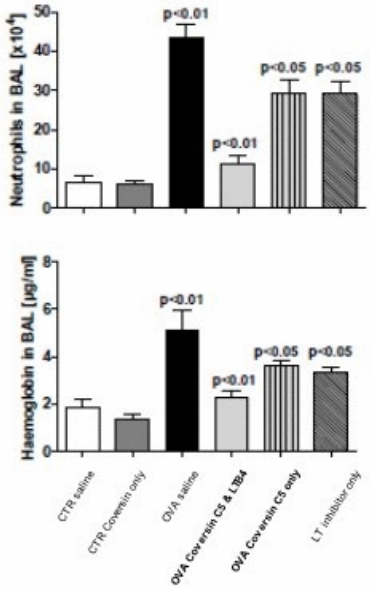
- Coversin linked to peptide which binds laminin γ1
  - Differentially concentrates at basal lamina of NMJ
- Immunohistochemical analysis in mice shows that Coversin-laminin construct – unlike Coversin alone - concentrates to NMJ of diaphragm and tibialis muscles
- No evidence of weakness by standard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



Coversin Dual Action
Additive Benefit C5 + LTB4

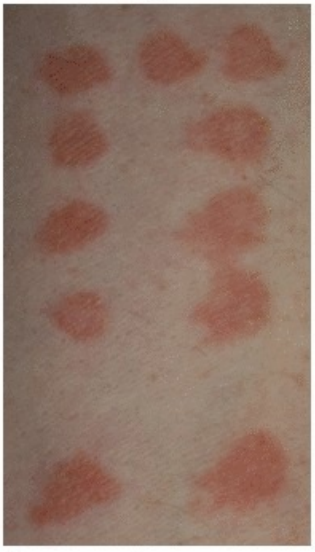
Immune-Complex Mediated Acute Lung Injury Mouse Model

Significant decline in inflammatory markers
Complement and LTB4 - equal & additive roles



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

Coversin Blocks Effects of LTB4 on Human Skin



Molar ratio protein:LTB4

0.5 : 1

1 : 1

2 : 1

4 : 1

4 : 0 *

+ve and –ve controls**

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

Q&A

AKARI THERAPEUTICS

AKARI THERAPEUTICS

NASDAQ: AKTX

December 2016