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

July 12, 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 has posted an updated investor presentation to its website. 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.

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 dated July 2016 of Akari Therapeutics, Plc.

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/ Gur Roshwalb
Name: Gur Roshwalb
Chief Executive Officer

Date: July 12, 2016

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.

Coversin: An Evolution in Complement Treatment

AKARI THERAPEUTICS

Definitive Proof of Concept

- Phase 2 PNH patient in successful ongoing treatment– 5 months +
- Significant reduction in LDH and full complement inhibition
- Proven predicate biology
- No placebo effect

Competitive Advantages

- Once daily, self-administered, subcutaneous injection- no ISRs
- Once-weekly version in development
- LTB4-independent inhibition may reduce thrombotic risk
- Smaller – increased tissue penetration and organ specific therapy

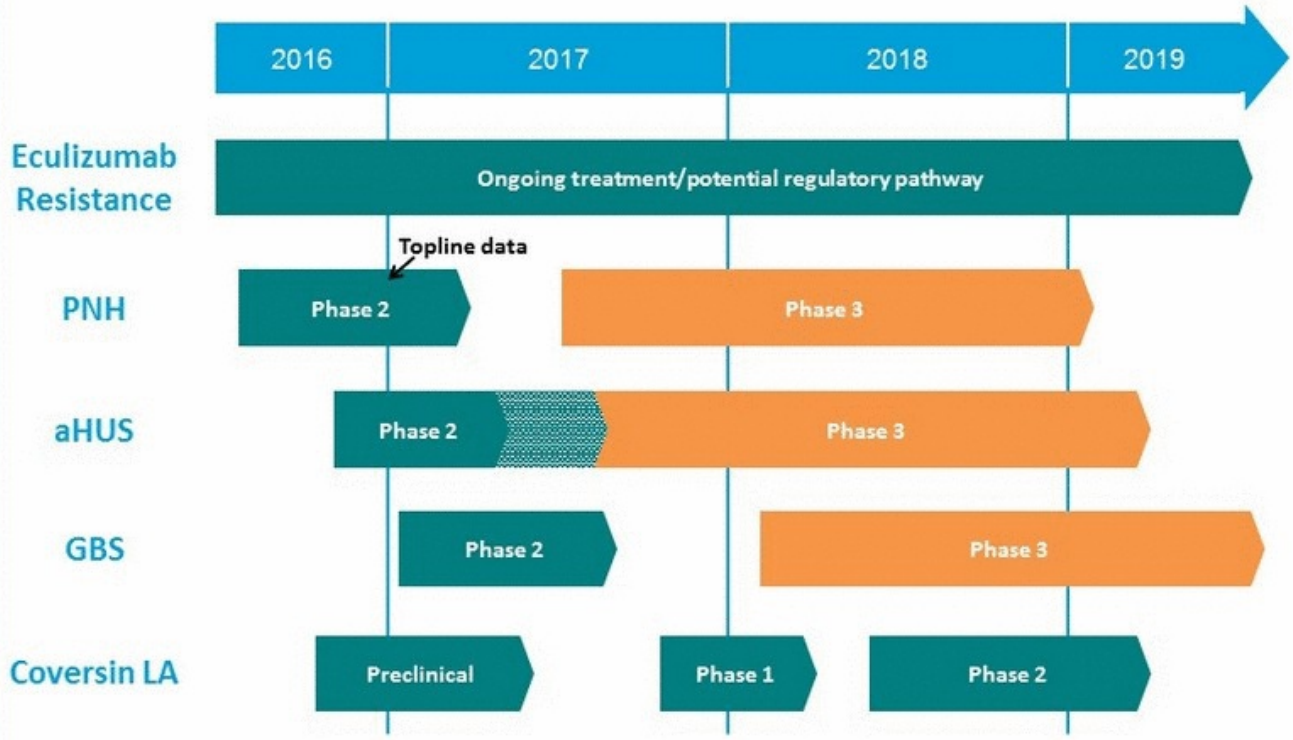
Expanding Opportunities

- Prioritizing PNH and aHUS - $2.6 billion in 2015 sales
- Unique C5/LTB4 targeting – new market opportunities supported by pre-clinical data

Driving Value

- PNH: Phase 2 top line data expected YE 2016, Phase 3 mid-2017
- aHUS: Phase 2 initiation 4Q 2016
- GBS: Phase 2 initiation 1Q 2017

Clinical Timeline



Coversin
Nature's Complement Inhibitor

AKARI THERAPEUTICS

Natural Origins and Development

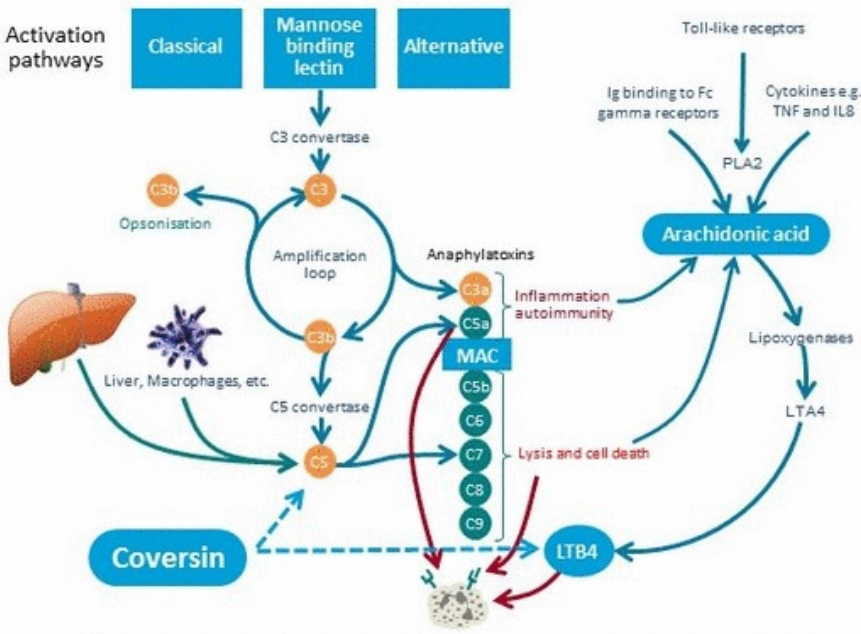
- Coversin discovered by Miles Nunn (CSO) in saliva of *Ornithodoros moubata* tick
- Dampened host immune response allows tick to repeatedly feed without damage from inflammatory substances (300 million years of natural development)
- Clinical & scientific data emphasizes natural origins
  - Tight independent binding to C5 & LTB4
  - No toxicity signals to date
  - No neutralizing antibodies seen to date

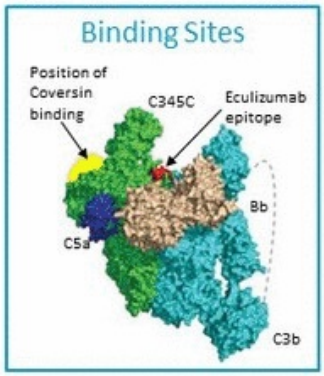
Modern Production

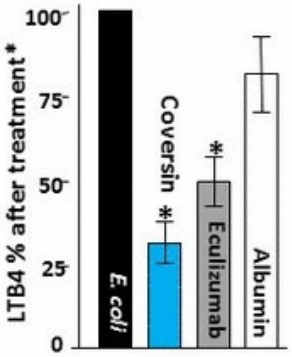
- Coversin successfully produced in *E. coli*
- Clinical manufacturing at a leading CMO
- Scale up in 4Q 2016

Coversin Active in Range of Diseases

Inhibits C5 – Proven Complement Target
Additional LTB4 Anti-inflammatory Activity



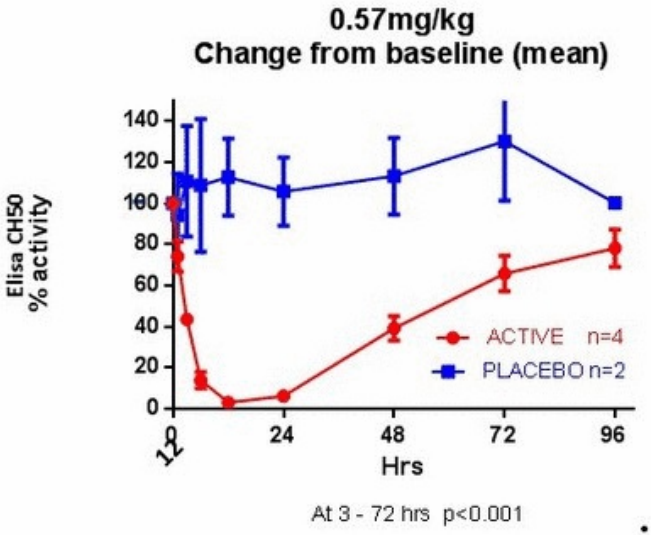




** In vivo E coli model, Barrett-Due et al 2011*

C5a, LTB4 and MAC act jointly on granulocytes, leukocytes and many other immune and tissue cell types - potentially causing inflammation and damage. Activity demonstrated in a range of diseases in animal models

Single Dose Phase Ia Clinical Trial Demonstrated Full C5 Inhibition

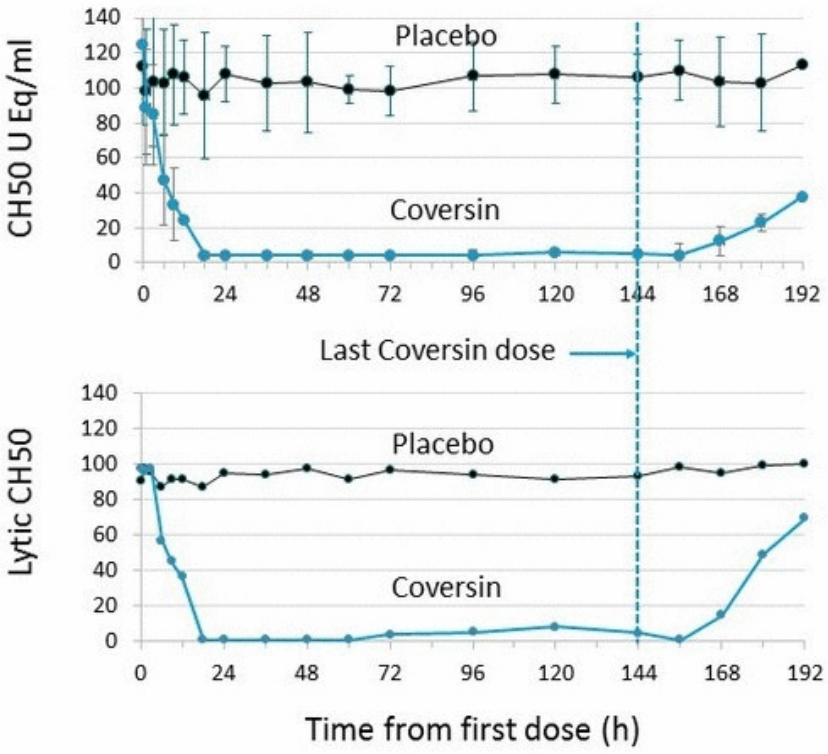


At 3 - 72 hrs p<0.001

- **Full complement ablation within 12 hours at 0.57 mg/kg**
- **Inhibition maintained for 24 hours after single dose**
- **Good safety profile: no SAEs or injection site reactions**

- 24 normal volunteer subjects (16 active, 8 placebo)
- Only highest dosing cohort (n=6) had CH50 testing done through full 96 hour period
- Single subcutaneous dose at time 0

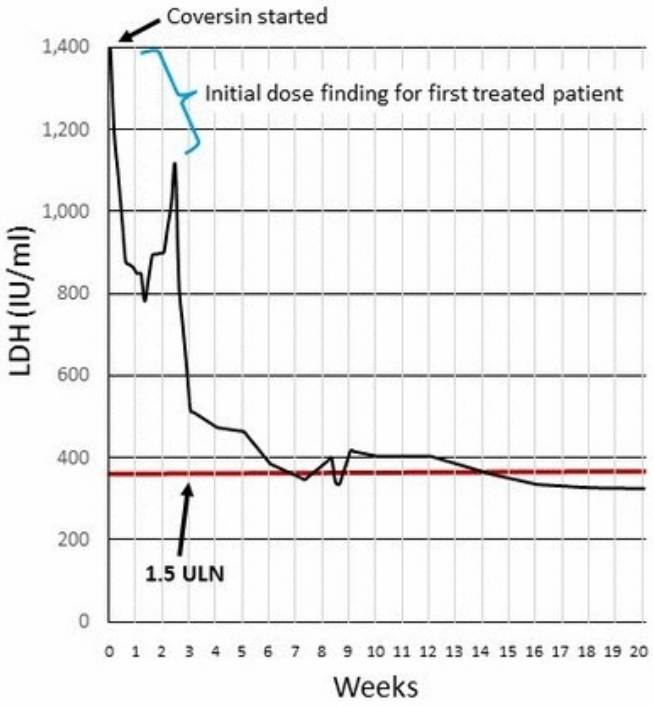
Phase 1b: Full C5 Inhibition in 24 Hours and Once-Daily Maintenance Dosing



- First cohort (30mg)
- Alignment of Elisa and Lytic results
- Full C5 Inhibition
- No ISRs
- No SAEs

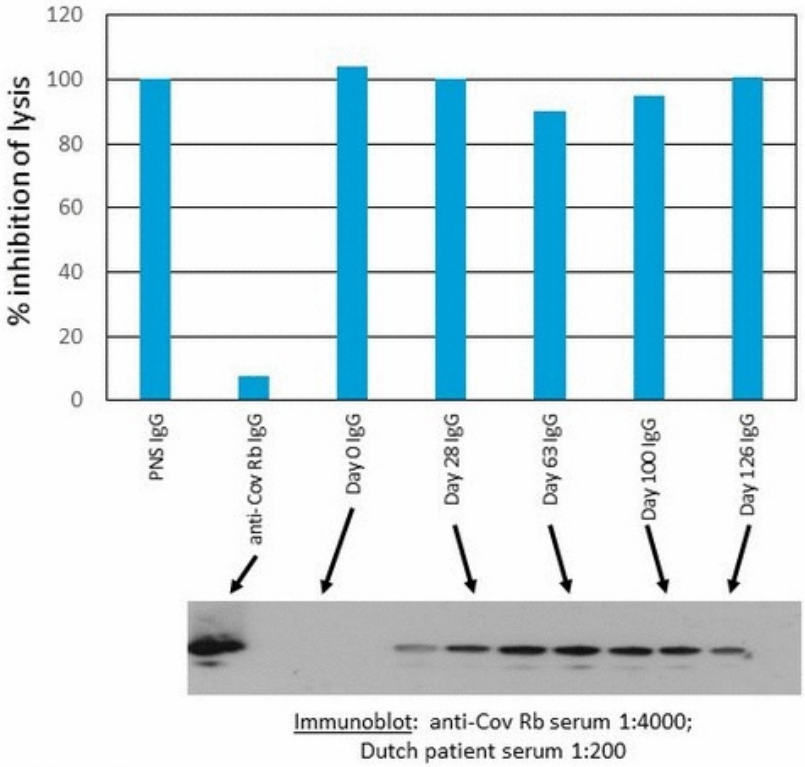
Positive Ongoing Results In Phase 2 Trial in PNH Patient

- Eculizumab-resistant PNH patient treated since Feb 2016
  - Continues to self-inject
- Patient has demonstrated:
  - Full complement inhibition (CH50)
  - LDH reduction <1.5X upper limit of normal (ULN)
- "Coversin has proven safe and effective in the first PNH patient treated"*



** 2016 EH, Saskia Langemeijier, University of Radboud, Nijmegen*

Successful Phase 2 Trial in PNH Patient
No Neutralizing Antibodies to Date



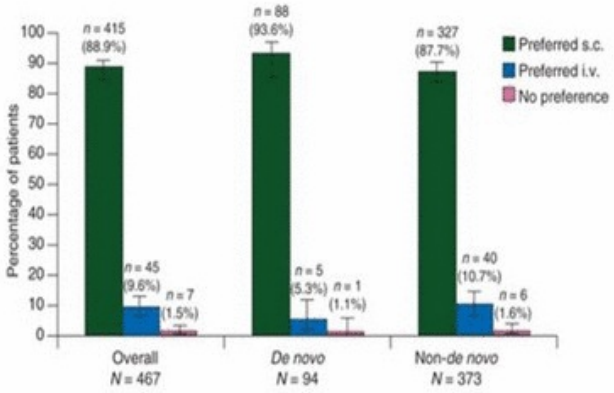
Immunoblot: anti-Cov Rb serum 1:4000;
Dutch patient serum 1:200

No Neutralizing Antibodies After 4 Months

- Purified IgG from Dutch patient (over 4 months)
- No effect on Coversin C5 inhibition
- Antibody response peak approximately 9 weeks after initial dosing and declines

Patient Groups Indicate Clear Preference For Subcutaneous Over IV Delivery

Study of IV vs SQ Trastuzumab
Strong preference for SubQ



"All things considered, which method of administration did you prefer?"

Pivot X. et al. Ann Oncol 2014;25:1979-1987

Coversin– PNH/aHUS
Subcutanous Preference

- Feedback from PNH/aHUS patient groups and KOLs consistently highlights preference for self-administration
- Coversin - small injection volume (< 0.5ml), no ISR
- Auto injector pen planned for commercialisation

PNH Phase 2 Data Expected By YE 2016

2016 Phase 2

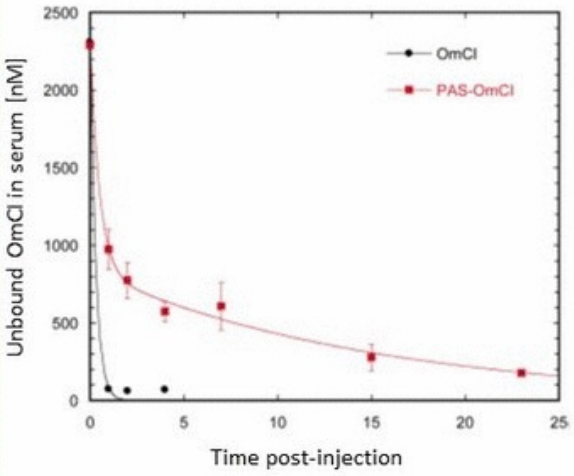
- Leading PNH treatment centers in EU: Leeds & London, UK and Nijmegen, NL
- Open label trial in patients with PNH
- Primary efficacy endpoint: LDH at 28 days
- Secondary efficacy endpoints: Hgb, transfusions, hemoglobinuria and QOL

2017 Phase 3

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

Developing Once-Weekly Formulation Coversin LA

Plasma half-life extended >50X (mouse model)



PK of Coversin and Coversin LA in blood of BALB/c mice post intravenous injection

Coversin LA fully active (mouse model)

- Increases MW from 17 to 47kda
  - Effective MW of ~500kda
- Remains fully active; increased C5 binding
- Highly soluble and fully bioavailable
- Expected timing
  - 3Q 2016 - PK and toxicity studies
  - 2H 2017 - Phase 1 POC clinical study

aHUS Phase 2 Trial Expected Q4 2016

AKARI THERAPEUTICS

Complement-mediated hemolytic uremic syndrome (aHUS)
Chronic and life-threatening genetic disease characterized by microangiopathic hemolytic anemia, thrombocytopenia, and kidney injury

2016 Phase 2

- Open label clinical trial planned for Q4 2016 in EU
- Clinical centers identified

2017 Phase 3

- Currently projected clinical protocol allows direct progression into Phase 3 trial
- Expected continuation by mid-2017
- Approximately 30 total patients

GBS Phase 2 Trial Expected 1Q 2017

AKARI THERAPEUTICS

Guillain Barré syndrome (GBS)
Immune-mediated polyneuropathy leading to destruction of myelin sheath
GBS patients: 2–12% die; 10–35% have permanent impairment
Growing worldwide annual incidence (15K in US/EU) + Zika-driven increases

2017 Phase 2

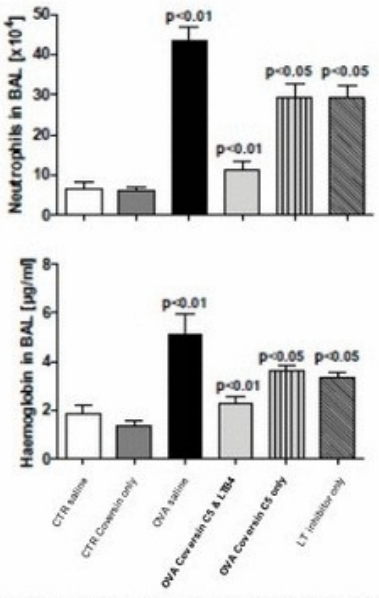
- Attractive clinical trial duration: 28 days + 6 month follow up
- Primary endpoint: improvement in GBS Disability Rating Scale
- 1 point = difference between wheelchair-bound or ambulatory
- Sites and lead investigator identified

Coversin: C5 + LTB4 Combination Targeting
Emerging Differentiation

Complex-mediated acute lung injury model

Significant decline in inflammation markers

Complement and LTB4 - equal & additive roles



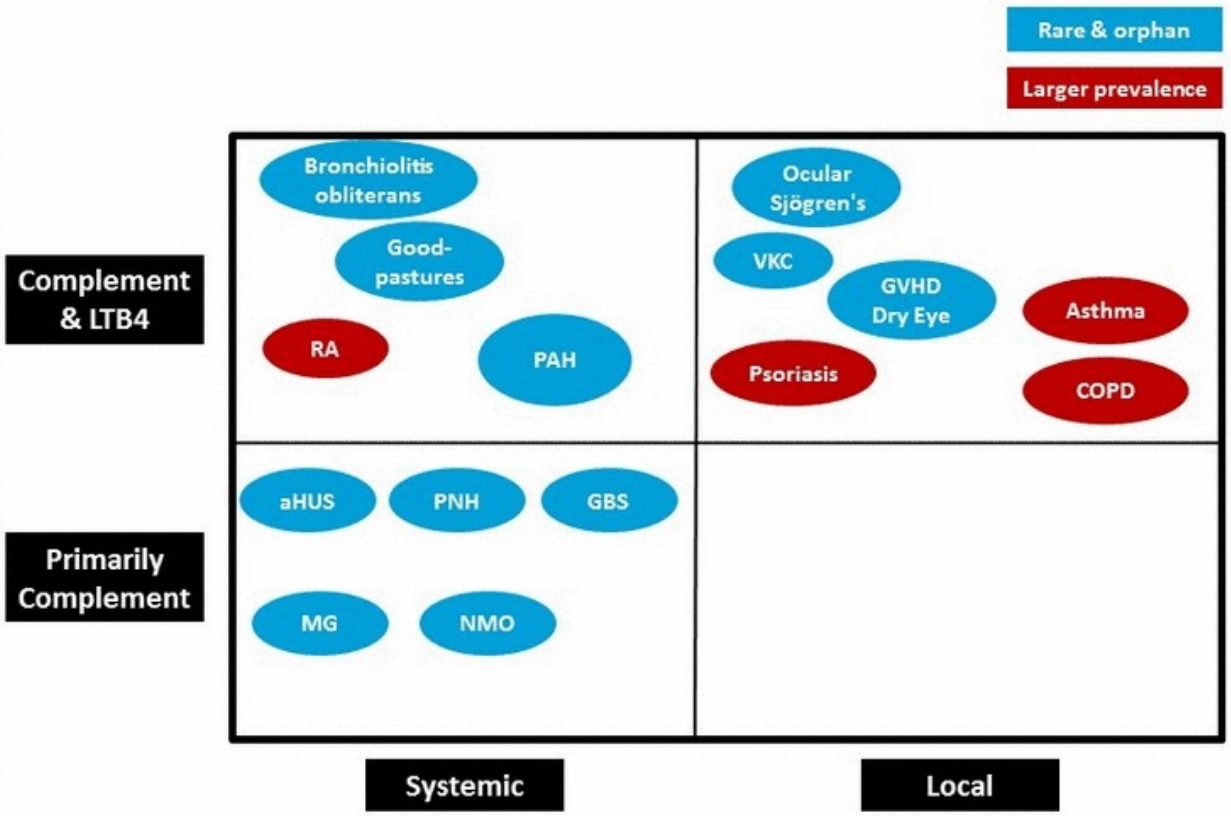
Roversi P et al. J Biol Chem 288: 18789; 2013

LTB4 Binding Adds to Coversin

- Existing LTB4 long term treatment inhibition with Zileuton* (small molecule approved in EU)
- LTB4 acts as signal relay molecule
- Coversin LTB4 binding may reduce non-complement-mediated recruitment & activation of granulocytes and platelets to sites of inflammation and thrombosis
- LTB4 plays a role is neutrophil attraction in thrombosis

* Removed from US due to off target effects

Dual C5/LTB4 Activity* May Lead To Enhanced Market Opportunities



*Coversin activity demonstrated in over 10 animal models

Financial Summary

• $75m PIPE	September 2015
• ADS outstanding	11,776,934
• ADS Fully Diluted	12,667,441
• Cash as of March 31	$56m (no debt)
• Funding through	Early 2018

Proven Management Team

Ray Prudo MD	***Executive Chairman*** • Lead investor (RPC); entrepreneur; founder Volution/Akari and TDL
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 exp.
Miles Nunn PhD	***Chief Scientific Officer*** • Coversin inventor; expert on parasite:host interactions
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

AKARI THERAPEUTICS

2H 2015 - 1H 2016

- Merger / $75MM PIPE ✓
- 3-month NHP toxicity study ✓
- Phase 1b ✓
- Phase 2 (resistant) trials-PNH patient treated (>5 months) ✓
- Development of Coversin LA - initiated ✓

2H 2016

- Phase 2 PNH and aHUS trial - initiations
- US IND Submission
- CMC scale up 4Q 2016
- Phase 2 PNH topline data YE 2016

1H 2017

- Phase 2 GBS trial data
- Phase 2 aHUS trial data

2H 2017

- Phase 3 PNH trial – initiation
- Phase 3 aHUS trial – initiation
- Phase 1 Coversin LA trial - initiation

NASDAQ: AKTX

July 2016