FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGE | S IN BENE | FICIAL (| DWNERS | HIP |
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* McCain Tracey L | | | | | 2. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [KNSA] | | | | | | | | (Ch | elationship eck all appli X Directo | , | | son(s) to Iss | | |
|---|---|--|---|---|--|---|--|---|---|-------------|---|--|----------------|---|---|--|---|--|--|
| (Last) | (Fi | rst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/29/2023 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| C/O KINIKSA PHARMACEUTICALS, LTD. CLARENDON HOUSE 2 CHURCH STREET | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) HAMILTON D0 HM 11 | | | | | | | | | | | | | | Form f Persor | filed by Mor | e than | One Repo | rting | |
| (City) | (Si | tate) (| S | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transact Code (In | 3. 4. Secur Transaction Dispose Code (Instr. 5) | | of, or Benefic rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | (A) or | 5. Amou Securiti Benefic Owned | int of 6 es F ially (i | Form: | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amoun | t (A) | or | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | insu. 4) |
| Class A Common Share 06/29/2 | | | | | 2023 M 5,000 A ive Securities Acquired, Disposed of, or Benefic | | | | | (1) 5,000 D | | | | | | | | | |
| | | Ta | | | | | | | uired, Di , options | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | | nsaction de (Instr. | | vative urities uired or oosed o) tr. 3, 4 | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | Own Form Direct or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | e V (A) | | (D) | Date Exercisable | | piration te | Title | or Nu of | nount mber ares | | | | | |
| Restricted Share | (1) | 06/29/2023 | | | M | | | 5,000 | (2) | | (2) | Class A Common | 5, | 000 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Each Restricted Share Unit (RSU) represents a contingent right to receive one Class A Common Share of the Issuer.
- $2. The RSUs \ vested \ in \ a \ single \ installment \ on \ June \ 29, \ 2023; \ there \ was \ no \ expiration \ date \ for \ the \ RSUs.$

<u>/s/ Madelyn Zeylikman</u>

07/03/2023

** 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.