FORM 4

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

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	den								
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*     Megna Michael R				2. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [ KNSA ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	,	irst)	(Middle)	).		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024								X Officer (give title Other (specify below)  CHIEF ACCOUNTING OFFICER						
CLARENDON HOUSE 2 CHURCH STREET				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	TON D	0	HM 11			X Form filed by One Re Form filed by More th Person												•		
(City) (State) (Zip)				Ru	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.														
		Tab	le I - Noı	n-Deriv	vative	Sec	uriti	ies Ac	qu	ired, l	Dis	osed o	of, or	Ben	eficial	ly Owne	t			
1. Title of Security (Instr. 3)  2. Trans: Date (Month/I				Execution D		ion Date	,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or . 3, 4 and	Securitie Benefici Owned	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	()	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(msu. 4)
Class A Common Share 04/01/				1/2024	/2024			M		2,558		A	(1)	20	),146		D			
Class A Common Share 04/01/					1/2024	/2024 F				1,084 D \$		\$19.	.7 19,062			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	ate, Transacti Code (Ins				6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisabl		xpiration ate	Title	0 N	Amount or lumber of Shares					
Restricted Share Unit	(1)	04/01/2024			M			2,558		(2)		(2)	Class Comr Sha	non .	2,558	\$0	7,672		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 vest over a four-year period, with 25% of the RSUs vesting on each yearly anniversary of the grant date, April 1, 2023.

/s/ Madelyn Zeylikman, Attorney-in-Fact 04/03/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.