FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB Number:	3235-0287									
	Estimated average burde	en									
-	hours per reenenes:	0.5									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Popovits Kimberly J</u>						2. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [KNSA]								elationship of ck all application Director	able)	g Perso	son(s) to Issuer		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024								Officer (give title below)		Other (s below)	pecify	
C/O KINIKSA PHARMACEUTICALS, LTD. CLARENDON HOUSE 2 CHURCH STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) HAMILTON D0 HM 11				F	Form filed by More than One Reporting Person												ting		
(City)	City) (State) (Zip)						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.												
		Та	ble I - Nor	ı-Deri	ivativ	ve Se	ecuritie	s Acc	quired,	Dis	posed of	, or Ber	eficially	Owned					
1. Title of Security (Instr. 3) 2. TransDate (Month)							2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquire Of (D) (Inst		5. Amoun Securities Beneficia Owned Fo	lly	,		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a				(Instr. 4)	
Class A Common Share 06/06					06/20	/2024		М		4,373 A		(1)	9,3	373		D			
			Table II -								osed of, onvertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Day if any (Month/Day/	ate,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expirati (Month/	on Dat			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v					Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
Share Option	\$19.71	06/05/2024			A	A 19,040		(2)		06/04/2034	Class A Common Shares	19,040	\$0	19,04	19,040 D				
Restricted Share Units	(1)	06/05/2024			A		3,173		(3)		(3)	Class A Common Shares	3,173	\$0	3,173		D		
Restricted Share	(1)	06/06/2024			M			4,373	(4)		(4)	Class A Common	4,373	\$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 option vests and becomes exercisable in twelve substantially equal monthly installments following the date of the grant. The date of the grant is June 5, 2024.
- 3. The RSUs vest in their entirety on the first anniversary date of the grant, June 5, 2024.
- 4. The RSUs vested in a single installment on June 6, 2024; there was no expiration date for the RSUs.

/s/ Madelyn Zeylikman, 06/07/2024 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.