FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 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* Megna Michael R | | | | | | 2. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [KNSA] | | | | | | | | | | eck all appl Direct | icable) or | rson(s) to Iss | wner | | |
|--|---|--|---|------------|------------------------------|--|--------|--------|--|----------------------------------|------|--------------------|---|---------------|----------|---|--|----------------|--|--|--|
| (Last) | , | irst) | (Middle) |) <u>.</u> | | 3. Date of Earliest Transaction (Month/Day/Year) 12/19/2023 | | | | | | | | | | below | , | NTIN | Other (some persons of the contract of the con | · | |
| CLARENDON HOUSE 2 CHURCH STREET | | | | | | 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 | | | | | | | | | | | | | | filed by Mo | | orting Person | | |
| (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. | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | curit | ies Ad | cqu | ired, l | Dis | posed o | of, or E | ene | eficiall | y Owne | d | | | | |
| Date | | | 2. Trans Date (Month/ | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) 4. Securi Disposed 5) | | | | | | | ies ially Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Report Transa (Instr. 3 | | | | ction(s) | |
| Class A (| Common Sh | ommon Share 12/19 | | | | 0/2023 | | | | M ⁽¹⁾ | | 9,310 | 5 | A | \$13.88 | 8 26,321 | | D | | | |
| Class A (| Class A Common Share 12/19 | | | | 9/2023 | 3 | | | | S | | 9,310 | 5 1 |) | \$19.1 | 3 17,005 | | D | | | |
| | | T | Table II - | | | | | | • | , | | osed of onverti | • | | • | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemd Execution if any (Month/Da | Date, | 4. Transa Code (8) | | n of I | | Exp | Date Exe piration onth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | OI N Of | umber | | | | | | |
| Share Option | \$13.88 | 12/19/2023 | | | M ⁽¹⁾ | | | 9,316 | | (2) | 0 | 8/05/2028 | Class A | n g | 9,316 | \$0 | 20,684 | 4 | D | | |

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 plan executed by the reporting person on May 5, 2023.
- 2. This option is fully vested and exercisable.

/s/ Madelyn Zeylikman, 12/21/2023 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.