FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

to

(First)

MA

(State)

Cormorant Global Healthcare GP, LLC

(First)

100 HIGH STREET, SUITE 1103

1. Name and Address of Reporting Person*

C/O CORMORANT ASSET MANAGEMENT, LLC

(Last)

(Street) BOSTON

(City)

(Last)

100 HIGH STREET

(Middle)

02110

(Zip)

(Middle)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

A obligati	ions may contir tion 1(b).			File							rities Exchan		.934		h	ours per res	ponse:		0.5
					. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [KNSA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
					3. Date of Earliest Transaction (Month/Day/Year) 05/29/2018								Officer (give title Other (specify below) below)						
(Street) BOSTON MA 02116				- 4.	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 X Form filed by More than One Reporting Person						
(City)	(S	itate)	(Zip)																
		Та	ble I - N	lon-Deriv	vativ	/e Se	ecur	ities Ac	quire	d, Di	isposed o	f, or Be	neficia	lly Owned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yee					Execution Date,		on Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Indirect t Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and 4				(Instr. 4	•)
Class A (Shares")	Common Sh	ares ("Common	1	05/29/2	2018				С		830,999	Α	(1)	830,999)	I		See Footn	ote ⁽²⁾⁽³⁾
Common Shares 05/29/2018				.8		Р		69,444 A \$18		\$18	900,443				See Footn	See Footnotes ⁽²⁾⁽⁴⁾			
			Table I								posed of, convertil			/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ersion of ative A. Transaction Date (Month/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year) A. Deemed Execution Date, (Month/Day/Year) A. Deemed A. Transaction (Month/Day/Year) A. Deemed A. Deemed A. Transaction (Month/Day/Year) A. Deemed A. Deemed A. Deemed A. Deemed (Month/Day/Year) A. Deemed (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Expira (Month	tion Da		nd 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriv Secu Bene Own Follo	umber of vative irities eficially ed owing orted	Ownership Form: Bene Direct (D) Own		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
							3, 4	and 5)											
				с	Code	v	3, 4 (A)	and 5) (D)	Date Exerci:	sable	Expiration Date	Title	Amount or Number of Share	s		saction(s)			
Series C Preferred Shares	(1)	05/29/2018			C C	v		and 5)				Title Common Shares	or Number		Trans	saction(s)	D ⁽²	2)(3)	
Preferred Shares 1. Name ar	nd Address of	Reporting Person*				v		and 5) (D)	Exerci		Date	Common	or Number of Share		Trans	saction(s) r. 4)	D ⁽²)(3)	
Preferred Shares 1. Name au Cormo	nd Address of	Reporting Person [*]	<u>nt, LP</u>			v		and 5) (D)	Exerci		Date	Common	or Number of Share		Trans	saction(s) r. 4)	D ⁽²	:)(3)	
1. Name au Cormo	nd Address of rant Asse	Reporting Person*	<u>nt, LP</u> (Mi	iddle)		v		and 5) (D)	Exerci		Date	Common	or Number of Share		Trans	saction(s) r. 4)	D ⁽²	:)(3)	
1. Name au Cormo	ARENDON	Reporting Person [*] t Managemen (First)	<u>nt, LP</u> (Mi) FLOOF	iddle)		v		and 5) (D)	Exerci		Date	Common	or Number of Share		Trans	saction(s) r. 4)	D ⁽²)(3)	
Preferred Shares 1. Name au <u>Cormo</u> (Last) 200 CLA (Street)	ARENDON	Reporting Person [*] <u>t Managemen</u> (First) STREET, 52NE	<u>nt, LP</u> (Mi) FLOOF	ddle) 116		V		and 5) (D)	Exerci		Date	Common	or Number of Share		Trans	saction(s) r. 4)	D ⁽²)(3)	

1 FEDERAL STRE	ET						
(Street) BOSTON	MA	02110					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* Cormorant Global Healthcare Master Fund, LP							
(Last) (First) (Middle) 100 HIGH STREET SUITE 1105							
(Street) BOSTON	DC	02110					
(City)	(State)	(Zip)					

Explanation of Responses:

1. The Series C Preferred Shares were convertible at any time, at the holder's election, on a 1-for-2.73235 basis and had no expiration date but converted automatically upon the closing of the Issuer's initial public offering.

2. Shares reported herein are held by Cormorant Private Healthcare Fund I, LP (the "Fund I"), Cormorant Global Healthcare Master Fund, LP (the "Master Fund") and by a managed account (the "Account"). Cormorant Asset Management, LLC ("Cormorant") serves as the investment manager of Fund I, the Master Fund and the Account. Bihua Chen serves as manager of Cormorant. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 4 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.

3. Shares reported herein represent (i) 640,617 Common Shares held by Fund I, (ii) 161,962 Common Shares held by the Master Fund, and (iii) 28,420 Common Shares held by the Account.

4. Shares reported as purchased herein on May 29, 2018 represents (i) 60,291 shares purchased by the Master Fund, and (ii) 9,153 shares purchased by the Account.

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<u>/s/ CORMORANT GLOBAL</u> <u>HEALTHCARE GP, LLC By:</u> <u>Bihua</u>	<u>05/31/2018</u>
/s/ CORMORANT ASSET <u>MANAGEMENT, LP By:</u> Cormorant Asset Management <u>GP, LLC its General Partner,</u> By: Bihua Chen, Managing <u>Member</u>	<u>05/31/2018</u>
<u>/s/ CORMORANT GLOBAL</u> <u>HEALTHCARE MASTER</u> <u>FUND, LP By: Cormorant</u> <u>Global Healthcare GP, LLC, its</u> <u>General Partner By: Bihua</u> <u>Chen, Managing Member</u>	<u>05/31/2018</u>
<u>/s/ Bihua Chen</u>	05/31/2018
** 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.