## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity

securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

# 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

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response:	0.5									

Instruction 10						
1. Name and Address of Reporting Person <sup>*</sup> Tessari Eben			2. Issuer Name and Ticker or Trading Symbol <u>Kiniksa Pharmaceuticals International, plc</u> [ KNSA ]		ationship of Reporting Pe ( all applicable) Director Officer (give title below)	rrson(s) to Issuer 10% Owner Other (specify below)
			3. Date of Earliest Transaction (Month/Day/Year) 09/23/2024		CHIEF OPERATIN	,
(Street) LONDON (City)	X0 (State)	W1S 4PZ	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fili Form filed by One Re Form filed by More tha Person	porting Person
(City)	(Sidle)	(Zip)				

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Class A Ordinary Share	09/23/2024		<b>M</b> <sup>(1)</sup>		10,000	Α	\$1.59	134,475	D	
Class A Ordinary Share	09/23/2024		<b>S</b> <sup>(1)</sup>		17,500	D	<b>\$24</b> .99 <sup>(2)</sup>	116,975	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Share Option	\$1.59	09/23/2024		<b>M</b> <sup>(1)</sup>			10,000	(3)	12/15/2025	Class A Ordinary Share	10,000	<b>\$</b> 0	36,017	D	

#### Explanation of Responses:

1. This transaction was effected pursuant to a 10b5-1 plan executed by the reporting person on April 29, 2024.

2. This transaction was executed in multiple trades through a broker-dealer at prices ranging between \$24.62 and \$25.60. The price reported in this column reflects a weighted average sales price. Upon request, the reporting person will provide to the SEC staff full information regarding the number of Shares sold at each price.

3. The option is fully vested and exercisable.

#### /s/ Madelyn Zeylikman, Attorney-in-Fact

\*\* Signature of Reporting Person

09/25/2024

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.