BOSTON

FUND I, LP

(City)

(Last)

(Street) **BOSTON**

(City)

DC

(State)

(First)

200 CLARENDON STREET, 52ND FLOOR

MA

(State)

CORMORANT PRIVATE HEALTHCARE

1. Name and Address of Reporting Person*

02116

(Zip)

(Middle)

02116

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL OMB Number: 3235-0104

					S	ECURITIES				II.	d average burden r response: 0	.5
						6(a) of the Securities Exchange A				-		
1. Name and A	Requiring State	2. Date of Event Requiring Statement Month/Day/Year) 05/23/2018		3. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [KNSA]								
(Last) 200 CLARE FLOOR	(First) ENDON STRE	(Middle) ET, 52ND				Relationship of Reporting Perso (Check all applicable) Director X Officer (give title below)	10% Owne Other (spe	er	(Month	n/Day/Year)	ate of Original Filed	_
(Street) BOSTON	MA	02116				Delowy	belowy		Х	Form filed b	y One Reporting Perso y More than One erson	n
(City)	(State)	(Zip)										
			Table I - No	n-Deri	vati	ve Securities Beneficiall	y Owned					
1. Title of Security (Instr. 4)						Amount of Securities eneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D)	4. Nature of Indirect Beneficial Owne (Instr. 5)		Beneficial Ownership)
		(Securities Beneficially (nts, options, convertible		s)				
1. Title of Derivative Security (Instr. 4)			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security		4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expira Date	tion	Title	Amount or Number of Shares	Derivat Securit	tive	or Indirect (I) (Instr. 5)		
Series C Pre	ferred Shares		(1)	(1)		Common Shares	830,999	(1)		D ⁽²⁾⁽³⁾		
	ddress of Report	ing Person* nagement, LP										
(Last) 200 CLARE	(First)	(Midd ET, 52ND FLOOR	lle)									
(Street) BOSTON	MA	0211	.6									
(City)	(State)	(Zip)										
	ddress of Report at Global He	ing Person [*] althcare Master	Fund, LP									
(Last) (First) (Middle) 200 CLARENDON STREET, 52ND FLOOR												
(Street)				-								

1. Name and Addr Chen Bihua	ess of Reporting Pers	on [*]
	(First) RANT ASSET MA DON STREET, 52	(Middle) NAGEMENT, LP ND FLOOR
(Street) BOSTON	MA	02116
(City)	(State)	(Zip)

Explanation of Responses:

- 1. The Series C Preferred Shares are convertible at any time, at the holder's election, on a 1-for-2.73235 basis and have no expiration date. The Class C Preferred Shares are expected to convert automatically upon the closing of the Issuer's initial public offering.
- 2. The Series C Preferred Shares reported herein represent, on an as-converted basis, (i) 640,617 Common Shares held by Cormorant Private Healthcare Fund I, LP ("Fund I"), (ii) 161,962 Common Shares held by Cormorant Global Healthcare Master Fund, LP (the "Master Fund"), and (iii) 28,420 Common Shares held by a managed account (the "Account").
- 3. Cormorant Asset Management, LP ("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 3 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.

Cormorant Asset Management, LP, By: Cormorant Asset Management GP, LLC, its 05/23/2018 General Partner, By: Bihua Chen, Managing Member /s/ CORMORANT GLOBAL **HEALTHCARE MASTER** FUND, LP, By: Cormorant 05/23/2018 Global Healthcare GP, LLC, its General Partner By: Bihua Chen, Managing Member /s/ CORMORANT PRIVATE HEALTHCARE FUND I, LP **By: Cormorant Private** 05/23/2018 Healthcare GP, LLC, its General Partner By: Bihua Chen, Managing Member /s/ Bihua Chen 05/23/2018 ** 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 5 (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.