FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
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)

					or Sect	ion 30(n) of the i	nvesime	nt Cor	npany Act	01 194	40						
Name and Address of Reporting Person* Moat Ross				2. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [KNSA]								5. Relationship of Reporting Person(s) to Issue Check all applicable) Director 10% Own					
(Last)	,	irst)	(Middle) ALS, LTD.		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2023)	below)		Other (below) ERCIAL OFFICE				
CLARENDON HOUSE 2 CHURCH STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ON D	0	HM 11)	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(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	n-Deriv	vative Se	curities Acc	quired	, Dis	posed o	of, or	Bene	eficially	y Owned				
1. Title of Security (Instr. 3) 2. Transc Date (Month/L			/Day/Year)	Execution Date,			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(IIISU. 4)			
						urities Acqu s, warrants,							Owned				
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed		4. Transaction		6. Date E		cisable and 7. Title and Am			unt 8. Price of 9. Number			10. Ownership	11. Nature of Indirect	

Date Exercisable

(1)

(3)

Expiration

03/31/2033

(3)

Date

(Month/Day/Year)

Explanation of Responses:

or Exercise Price of

\$10.76

(2)

Derivative

Security

(Month/Day/Year)

04/01/2023

04/01/2023

Security (Instr. 3)

Share

Option

Restricted

Share Unit

1. The option vests and becomes exercisable as to 25% of the total grant on the first anniversary of the vesting commencement date and vests in 36 equal monthly installments thereafter. The vesting commencement date is April 1, 2023.

(D)

2. Each Restricted Share Unit (RSU) represents a contingent right to receive one Class A Common Share of the Issuer.

Execution Date,

if any (Month/Day/Year)

3. The RSUs vest over a four year period, with 25% of the RSUs vesting on each yearly anniversary of the date of grant, April 1, 2023.

4. Transaction

Code (Instr.

Code

A

A

Derivative

Securities

Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

(A)

38,668

6.445

/s/ Madelyn Zeylikman, Attorney-in-Fact

(Instr. 3 and 4)

Title Class A

Share Class A

Commo Share

Underlying Derivative Security

Amount Number

of Shares

38,668

6 445

04/03/2023

Securities

(Instr. 4)

Beneficially

Owned Following Reported Transaction(s)

38,668

6 445

Security (Instr. 5)

\$0

\$0

Ownership

Form: Direct (D)

or Indirect

(I) (Instr. 4)

D

D

Ownership

(Instr. 4)

** 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.