Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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*  Levy Richard S				2. I <u>K</u> i	2. Issuer Name <b>and</b> Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [KNSA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Ecvy Richard 5</u>					-   -									X Directo			10% Ow	1		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/03/2023									(give title		Other (s below)	pecify		
C/O KINIKSA PHARMACEUTICALS, LTD.					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
CLARENDON HOUSE 2 CHURCH STREET						(								Line)						
															X Form filed by One Reporting Person					
(Street)															Form filed by More than One Reporting Person					
HAMILTON D0 HM 11				<u> </u>																
-					-  RI	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		-	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.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1 Title of 9	Security (Inst		1	2. Trans		_	2A. Deer		3.		1	ties Acquir		5. Amou		6 Owi	nership 7	. Nature of		
1. THIC OF	occurry (ms	3)		Date		Execution Dat			Transa		Disposed				s Form		ı: Direct Ir	ndirect Beneficial		
(Month/C						(Month/Day/Yea								Owned F	ollowing (I) (In		str. 4) O	Ownership		
									Code	v	Amount	ount (A) or (D)		Transact (Instr. 3 a	ion(s)		"	Instr. 4)		
Class A Common Share 11/03/					3/202	3/2023			М		2,777 A		(1)	7,	7,777		D			
Table II - Derivative Securiti									ıired, C	ispo	osed of,	or Ben	eficially	Owned				,		
											onvertil									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year) if any Code (Instr. (Month/Day/Year) 8)		Instr. Derivative Securities Acquired (A) or Disposed Securities Deriva					7. Title at Amount Securitie Underlyi Derivativ (Instr. 3 a	of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
													Amount		(Instr. 4)	(5,				
									Date		Expiration		Number							
				- 1	Code	٧	(A)	(D)	Exercisa		Date	Title	Shares							
Restricted Share Units	(1)	11/03/2023			A		2,777		(2)		(2)	Class A Common Shares	2,777	\$0	2,777		D			
Restricted Share Units	(1)	11/03/2023			М			2,777	(2)		(2)	Class A Common Shares	2,777	\$0	0		D			

## **Explanation of Responses:**

- 1. Each Restricted Share Unit (RSU) represents a contingent right to receive one Class A Common Share of the Issuer.
- $2. \ The \ RSUs \ vested \ immediately \ upon \ grant \ on \ November \ 3, \ 2023; \ there \ was \ no \ expiration \ date \ for \ the \ RSUs.$

/s/ Madelyn Zeylikman, 11/07/2023 Attorney-in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.