FORM 4

obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
houre per reenonce:	0.5						

1. Name and Address of Reporting Person*  Megna Michael R			2. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [ KNSA ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
									•		Directo	or		10% Ov	vner		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)					7	Officer below)	(give title		Other (s below)	specify			
				10/04/2	2023							CHIEF	ACCOU	NTIN	G OFFIC	ER	
C/O KINIKSA PHARMACEUTICALS, LTD.																	
CLARENDON HOUSE 2 CHURCH STREET			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(0)													Form f	iled by On	e Repor	ting Perso	n
(Street) HAMIL	eet) AMILTON D0 HM 11									Form filed by More than One Reporting Person							
(City) (State) (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.											
		Tabl	le I - Non-I	Deriva	ative Se	curities Acq	uired,	Dis	posed o	of, or	r Ben	eficiall	y Owned	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				2A. Deemed Execution Date,	Transaction Code (Instr. 5						5. Amou Securitie		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
			("	wontn/Da		if any (Month/Day/Year)						,		ally Following	(D) or I	Indirect tr. 4)	Ownership
			(W	wontn/Da						(4	(A) or (D)	Price		ally Following d tion(s)	(D) or I	Indirect tr. 4)	
Class A (	Common Sh	are		10/04/2			8)	Instr.	5)	()	(A) or (D)	Price	Owned F Reporter Transact (Instr. 3	ally Following d tion(s)	(D) or I (I) (Ins	Indirect tr. 4)	Ownership
	Common Sh				2023		8) Code	Instr.	5) Amount	()	(D)		Owned Reporter Transact (Instr. 3	ally Following d tion(s) and 4)	(D) or I	Indirect tr. 4)	Ownership
		are	able II - Do	10/04/2 10/04/2 Perivati	2023 2023 ive Sec		Code  M F	v Dispo	Amount 175 52 osed of	, or E	A D Benet	\$16.03	Owned Reporter Transact (Instr. 3	ally Following d tion(s) and 4)	(D) or I	Indirect tr. 4)	Ownership

## **Explanation of Responses:**

(1)

Restricted

Share Unit

- 1. Each Restricted Share Unit (RSU) represents a contingent right to receive one Class A Common Share of the Issuer.
- 2. The RSUs vest over a four year period, with 25% of the RSUs vesting on each anniversary of the date of grant, October 4, 2021.

/s/ Madelyn Zeylikman, Attorney-in-Fact

Amount or Number of Shares

175

\$<mark>0</mark>

10/06/2023

350

D

Title

Class A

Commo Share

Expiration

(2)

Date

\*\* 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).

10/04/2023

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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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.

and 5)

(A) (D)

175

Date Exercisable

(2)