FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.O. 20040	

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

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

## 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

Name and Address of Reporting Person*     Beetham Thomas W.				Kir	2. Issuer Name and Ticker or Trading Symbol Kiniksa Pharmaceuticals, Ltd. [ KNSA ]									ationship of Reportin (all applicable) Director Officer (give title below)		on(s) to Iss 10% Ov Other (s below)	/ner	
(Last) (First) (Middle)  C/O KINIKSA PHARMACEUTICALS, LTD.  CLARENDON HOUSE 2 CHURCH STREET						3. Date of Earliest Transaction (Month/Day/Year) 03/20/2021									EVP & Chief Legal Officer			
(Street) HAMILT (City)		-	HM11 (Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable )  K Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date					r) E	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Ins	tion Dispose		ities Acquir d Of (D) (In:		Benefici	es ally Following	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	Transaci (Instr. 3	ction(s)				
	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)	titive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		Date, T	1. Fransac Code (Ir 3)		5. Num of Derivat Securit Acquin (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed sed	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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership t (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amount or Number of Shares					
Restricted Share Units	(1)	03/20/2021			A		5,855		(2)		(2)	Class A Common Shares	5,855	\$0	5,855		D	
Restricted Share Units	(1)	03/20/2021			A		4,287		(3)		(3)	Class A Common Shares	4,287	\$0	4,287		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 performance criteria for these RSUs were met. The RSUs will vest in a single installment on March 20, 2022, subject to the Reporting Person's continuous employment with the Issuer or any of its subsidiaries on the vesting date; there is no expiration date for the RSUs.
- 3. The performance criteria for these RSUs were met. The RSUs will vest in a single installment on March 20, 2023, subject to the Reporting Person's continuous employment with the Issuer or any of its subsidiaries on the vesting date; there is no expiration date for the RSUs.

/s/ Thomas W. Beetham

03/23/2021

\*\* 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.