FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB Number:	3235-0287
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hours per response:	0.5

OMB APPROVAL

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					Oi	OCCI	011 30(11) 0	or tire i	iivesiiieiii v	Comp	dily Act	01 13-0								
1. Name and Address of Reporting Person*  Paolini John F.				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)								
													Directo			10% Ow				
					-								_	X	Officer below)	(give title		Other (s	pecify	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/17/2019									,		/odi/	,		
C/O KIN	IIKSA PHA	RMACEUTICA	LS, LTD.		09	/1//2	2019							SVP & Chief Medical Officer						
CLARENDON HOUSE 2 CHURCH STREET																				
			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable								
(Street)							,		3			, ,		ine)			3	(		
HAMIL	ΓON D	0	HM11											X	Form f	iled by One	Repo	rting Persor	1	
TAWIL.	ION D	U	UMIT														than	One Repor	ting	
					-										Person	1				
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	s Acc	quired, D	ispo	osed o	f, or Be	nefici	ally	Owned					
1. Title of	Security (Ins	tr. 3)		2. Trans	saction	action 2A. Deemed 3. 4. Securities Acquired (A					ed (A) o		5. Amou	nt of 6. Ov		wnership	7. Nature			
Date (Month/E					Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		str. 3, 4 a	nd		Securities F		orm: Direct	of Indirect Beneficial Ownership			
			(WOTH)	iDayi teai)									Owned Following		(I) (Instr. 4)	str. 4) (				
										(A) or		r <sub>Pric</sub>		Reported	nsaction(s) str. 3 and 4)		(	(Instr. 4)		
								Code	<u> </u>	Amount	mount (A) or (D)		е	(Instr. 3 a						
		-	Гable II - I	Deriva	ntive	Sec	urities	Δcai	ired Dis	enne	sed of	or Ren	eficial	lv C	wned					
									options						vviicu					
	Ι.	l:		<u> </u>		-	·							_		l	.			
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution D		4. Transactior		5. Number n of		6. Date Exercisable and Expiration Date			7. Title and Amo of Securities			B. Price of Derivative	9. Number derivative	ot	10. Ownership	11. Nature of Indirect	
Security or Exercise (Month/Day/Year) if an			if any			Instr.			(Month/Day/Year) Underlying			ng	s	Security	Securities Beneficially		Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		
(Instr. 3) Price of Derivative Security (Month/Day/Year)				onth/Day/Year) 8)			Securities Acquired		Derivative Secu (Instr. 3 and 4)					ין ע	Instr. 5)	Owned				
						(A) or									Following Reported		(I) (Instr. 4)			
						Disposed of (D) (Instr.										Transaction(s)	n(s)			
			_	;		3, 4 and 5)						_		(Instr. 4)						
													Amou	nt						
													or Numb	er						
				,	Code	v	(A)		Date Exercisable		piration te	Title	of Shares	,						
							+ -	- 1		+		Class A		+			$\dashv$			
Share Option	\$8.83	09/17/2019			A		46,000		(1)	09/3	16/2029	Common	46,00	0	\$0	46,000		D		
Орион	l	I	l			I	1 1	1 I		1		Shares	1			I	- 1		I	

## Explanation of Responses:

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 thirty-six equal monthly installments thereafter. The vesting commencement date is September 17, 2019.

/s/ John F. Paolini

09/19/2019

\*\* 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.