FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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).

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

| 1. Name an <u>Kirk Ch</u> | 2. Issuer Name and Ticker or Trading Symbol Kezar Life Sciences, Inc. [KZR] | | | | | | | | | (Chec | k all app Dired | blicable) ctor | | Owner | | | | |
|---|--|--|------------------------|--|--|-----------------|---|----------------------|---|----------------------|-----------------------|---|-----------------------------------|-----------------------|--|---|---|--|
| (Last) (First) (Middle) C/O KEZAR LIFE SCIENCES, INC. 4000 SHORELINE COURT, SUITE 300 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2019 | | | | | | | | X Officer (give title below) Other (specify below) President and CSO | | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Forn Forn | idual or Joint/Group Filing (Check Applicable 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. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) (Disposed Of (D) (Instr. 3, 4) | | | or and 5) | Securi Benef | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pri | ce | Transa | action(s) 3 and 4) | | (111511.4) |
| Common | 019 | | P | | 5,000 | A | \$4 | I.966 ⁽¹⁾ | 29 | 7,934 ⁽²⁾ | D | | | | | | | |
| | | Та | ble II - | | | | | | | | osed of, convertib | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Der Sed (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | |

Explanation of Responses:

- 1. The price reported on Column 4 is a weighted average price. These shares were purchased in multiple transactions ranging from \$4.80 to \$5.18 on August 9, 2019. The reporting person will provide upon request to the SEC, the issuer or security holder of issuer, full information regarding the number of shares purchased at each separate price.
- 2. Total reflects 230 shares of common stock acquired on May 15, 2019 through the Company's 2018 Employee Stock Purchase Plan.

Remarks:

/s/ Marc Belsky, Attorney-infact 08/12/2019

** 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.