FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

IED STATES SECURITIES AND EXCHANGE COMMISSION	
Washington, D.C. 20549	╔
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL	∥`

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average burden									

1.0

hours per response:

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

Form 3 Holdings Reported

U Folina	nolulings Rep	orteu.												1				
Form 4	Transactions	Reported.	Filed	d pursuant to S or Section 3								1934						
Name and Address of Reporting Person* Morningside Venture Investments Ltd			2. Issuer Name and Ticker or Trading Symbol Kezar Life Sciences, Inc. [KZR]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
(Last) (First) (Middle) 2ND FLOOR, LE PRINCE DE GALLES 3-5 AVENUE DES CITRONNIERS					Statement for Issuer's Fiscal Year Ended (Month/Day/Year) //31/2022						ear)	Office belov	er (give titl v)	le		ner (sp ow)	pecify	
3-5 AVE	NUE DES	CHRONNIERS		4. If Amenda	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) MONAC	CO 09	N	ИС 98000										X Form	filed by C filed by N on				
(City)	(Sta	ate) (Z	Zip)															
		Table	I - Non-Deriva	ative Secur	rities	s Acc	quire	ed, Dis	posed	of, c	or Bo	enefici	ally Own	ed				
'''' '''		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						Disposed	Securities Beneficially		Owne		Indir Bene	Nature of lirect neficial	
								Amount		(A) or (D)	Price		Issuer's	at end of Fiscal str. 3 and	scal Ìndir			Ownership Instr. 4)
Common Stock			10/18/2022	G			120,000		D		\$0.00	5,931,740		D				
		Tal	ble II - Derivat (e.g., pı	ive Securit uts, calls, v										d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) of Disp of (D	osed)) :r. 3, 4	Expiration Date (Month/Day/Year) titles ed			piration Date pnth/Day/Year) Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e es ally g	10. Owners Form: Direct (or Indir (I) (Inst	ship (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				(A) (D) Exer				e rcisable	Expiration Date			or Number of Shares						

Explanation of Responses:

Remarks:

/s/ Frances Anne Elizabeth Richard, Director

01/11/2023

** 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.