FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0 | | | | | | | | | | |
| I | Estimated average burden | | | | | | | | | | |
| I | 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 and Address of Reporting Person* Wallace Courtney | | | | | | Susuer Name and Ticker or Trading Symbol Kezar Life Sciences, Inc. [KZR] Date of Earliest Transaction (Month/Day/Year) | | | | | | eck all applic Directo Officer | able) | Person(s) to Iss 10% Ov Other (s | vner |
|--|--|--|--|---------------------------------|--|---|------|--|--------------------|---|--|---|---|---|---|
| (Last) (First) (Wildle) | | | | | 06/20/2024 | | | | | | | below) | below) | | |
| C/O KEZAR LIFE SCIENCES, INC. 4000 SHORELINE COURT, SUITE 300 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 5. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | |
| (Street) | SAN | | | $ \lfloor$ | | | | | | | | | led by More | than One Repo | |
| FRANCI | | A | 94080 | R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | |
| (City) (State) (Zip) | | | | | 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. | | | | | | | | | | |
| | | Tab | le I - Non-D | erivativ | e Se | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| Date | | | | Transactior te onth/Day/Y | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | ed (A) or tr. 3, 4 and | 5. Amou Securitie Beneficia Owned F Reported | s Fally (I | Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | 113(1. 4) |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | ite | 7. Title and of Securit Underlying Derivative (Instr. 3 and | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$0.67 | 06/20/2024 | | A | | 50,000 | | (1) | 06/19/2034 | Common Stock | 50,000 | \$0 | 50,000 | D | |

Explanation of Responses:

1. One-hundred percent (100%) of the shares subject to the option shall vest on 6/20/2025, subject to Reporting Person continuing to provide service through such date.

/s/ Marc Belsky, Attorney-in-

Fact

** Signature of Reporting Person

06/21/2024 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.