

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
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1. Name and Address of Reporting Person* <u>Omega Fund IV, L.P.</u>			2. Issuer Name and Ticker or Trading Symbol <u>Kezar Life Sciences, Inc. [KZR]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) _____ Former 10% Owner		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <u>06/25/2018</u>			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person _____ <input checked="" type="checkbox"/> Form filed by More than One Reporting Person _____		
<u>185 DARTMOUTH STREET</u>			4. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) <u>BOSTON MA 02116</u>								
(City) (State) (Zip)								

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	06/25/2018		C		315,489	A	\$0.00 ⁽¹⁾	315,489	D	
Common Stock	06/25/2018		C		315,489	A	\$0.00 ⁽¹⁾	315,489	I ⁽²⁾	By Omega IV
Common Stock	06/25/2018		C		377,783	A	\$0.00 ⁽³⁾	693,272	D	
Common Stock	06/25/2018		C		377,783	A	\$0.00 ⁽³⁾	693,272	I ⁽²⁾	By Omega IV

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/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Series A Redeemable Convertible Preferred Stock	(1)	06/25/2018		C			315,489	(1)	(1)	Common Stock	315,489	\$0.00	0	D	
Series A Redeemable Convertible Preferred Stock	(1)	06/25/2018		C			315,489	(1)	(1)	Common Stock	315,489	\$0.00	0	I ⁽²⁾	By Omega IV
Series B Redeemable Convertible Preferred Stock	(3)	06/25/2018		C			377,783	(3)	(3)	Common Stock	377,783	\$0.00	0	D	
Series B Redeemable Convertible Preferred Stock	(3)	06/25/2018		C			377,783	(3)	(3)	Common Stock	377,783	\$0.00	0	I ⁽²⁾	By Omega IV

1. Name and Address of Reporting Person* <u>Omega Fund IV, L.P.</u>		
(Last)	(First)	(Middle)
<u>185 DARTMOUTH STREET</u>		
(Street) <u>BOSTON MA 02116</u>		
(City)	(State)	(Zip)

1. Name and Address of Reporting Person*		
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Omega Fund IV GP, L.P.

(Last) (First) (Middle)
185 DARTMOUTH STREET

(Street)
BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Omega Fund IV G.P. Manager, Ltd.

(Last) (First) (Middle)
185 DARTMOUTH STREET

(Street)
BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Stampacchia Otello

(Last) (First) (Middle)
185 DARTMOUTH STREET

(Street)
BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Lim Richard J.

(Last) (First) (Middle)
185 DARTMOUTH STREET

(Street)
BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Paster Anne-Mari

(Last) (First) (Middle)
185 DARTMOUTH STREET

(Street)
BOSTON MA 02116

(City) (State) (Zip)

Explanation of Responses:

1. The Series A Redeemable Convertible Preferred Stock ("Series A") converted automatically into shares of the issuer's common stock on a one-for-one basis upon the completion of the issuer's public offering of common stock pursuant to the issuer's amended registration statement under the Securities Act of 1933, as amended, filed with the Commission on June 18, 2018 (the "IPO"). The Series A had no expiration date.
2. The reported securities are beneficially owned by Omega Fund IV GP, L.P. ("Omega IV GP"), as the general partner of Omega Fund IV, L.P. ("Omega IV"). Omega Fund IV G.P. Manager, Ltd. ("Omega IV GP Manager"), is the general partner of Omega IV GP. Otello Stampacchia, Richard Lim and Anne-Mari Paster are all the shareholders and directors of Omega IV GP Manager and have shared voting and investment power over the shares held by Omega Fund IV, L.P. Each of the Reporting Persons disclaims beneficial ownership of these securities, except to the extent of his, her or its pecuniary interest therein.
3. The Series B Redeemable Convertible Preferred Stock ("Series B") converted automatically into shares of the issuer's common stock on a one-for-one basis upon the completion of the IPO. The Series B had no expiration date.

Remarks:

By: /s/ Anne-Mari Paster,
Signature of Anne-Mari Paster 06/25/2018
as an authorized signatory of
each Reporting Person

** 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.