FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

hours per response:

3235-0287 OMB Number: Estimated average burden

0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			i lica p	or Section 30(h) of th					1004		_			
1. Name and Address of Reporting Person* PAPPAS ARTHUR M				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) P.O. BOX 11028	(First)	(Middle)		. Date of Earliest Tran 6/25/2018	nsaction	(Mont	h/Day/Year)				Officer (give below)	title		Other (specify below)
(Street) RESEARCH TRIANGLE PARK	NC	27709	4	. If Amendment, Date	of Origin	nal Fil	ed (Month/Day/	/Year)		5. Individ Line)	Form filed by	y One Rep	oorting	eck Applicable Person Reporting Person
(City)	(State)	(Zip)												
		Table I -	Non-Derivat	ive Securities A	cquire	ed, C	Disposed of	f, or Be	eneficia	lly Ov	vned			
Date		2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Dispo		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Owner Form: Dir (D) or Ind (I) (Instr.	rect lirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

ı							Code	Ľ	Amount	(D)	FIICE	(Instr. 3 and	4)		
	Common	Stock, par	value \$0.001 per	share 06/2	25/2018		С		290,924	A	(1)	290,92	24	I	See footnotes ⁽²⁾⁽⁴⁾⁽⁵⁾
	Common	Stock, par	value \$0.001 per	share 06/2	25/2018		С		23,894	A	(1)	23,89	4	I	See footnotes ⁽³⁾⁽⁴⁾⁽⁵⁾
						ecurities Ac alls, warran	•	,	•	,	,	Owned			
	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date I Expiration (Month/I	on Da	te cear) L	. Title and of Securitie Inderlying Derivative S	s	Derivative Security	9. Numbe derivativ Securitie Beneficia	e Owner es Form:	Beneficial

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transa Code (8)		Derivativ Securitie Acquired or Dispos of (D) (In 3, 4 and	e Expiration Date (Month/Day/Year) of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price or Derivative Security (Instr. 5) Securities Beneficially Owned Following Reported Transaction(s)			II. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Series B Preferred Stock, par value \$0.001 per share	(1)	06/25/2018		С		290,924		(1)	(1)	Common Stock	290,924	\$0	0	I	See footnotes ⁽²⁾ (4)(5)
Series B Preferred Stock, par value \$0.001 per	(1)	06/25/2018		С		23,894		(1)	(1)	Common Stock	23,894	\$0	0	I	See footnotes ⁽³⁾ (4)(5)

1. Name and Address of Reporting Person* PAPPAS ARTHUR M									
(Last)	(First)	(Middle)							
P.O. BOX 110287									
(Street)									
RESEARCH TRIANGLE PARK	NC	27709							
,									
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* A.M. Pappas Life Science Ventures V, LP									
(Last)	(First)	(Middle)							
P.O. BOX 110287									
(Street)									
RESEARCH TRIANGLE PARK	NC	27709							

(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* PV V CEO Fund, LP									
(Last) P.O. BOX 110287	(First)	(Middle)							
(Street) RESEARCH TRIANGLE PARK	NC	27709							
(City)	(State)	(Zip)							
1. Name and Address of AMP&A Manag									
(Last) P.O. BOX 110287	(First)	(Middle)							
(Street) RESEARCH TRIANGLE PARK	NC	27709							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* PAPPAS CAPITAL, LLC									
(Last) P.O. BOX 110287	(First)	(Middle)							
(Street) RESEARCH TRIANGLE PARK	NC	27709							
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. The Series B Preferred Stock, par value \$0.001 per share, converted into Common Stock, par value \$0.001 per share, on a one-for-one basis and had no expiration date.
- 2. These shares are held of record by A.M. Pappas Life Science Ventures V, LP ("Pappas Ventures").
- $3. \ These \ shares \ are \ held \ of \ record \ by \ PV \ V \ CEO \ Fund, \ LP \ ("CEO \ Fund" \ and, \ together \ with \ Pappas \ Ventures, \ the \ "Pappas \ Funds").$
- 4. AMP&A Management V, LLC ("Management V") is the general partner of each of the Pappas Funds and has a management agreement with Pappas Capital, LLC ("Pappas Capital") whereby Pappas Capital's investment committee has sole power to vote or to direct the vote of, and sole power to dispose or to direct the disposition of, all shares owned by the Pappas Funds. Mr. Arthur Pappas is the sole managing member of Pappas Capital. By virtue of their respective relationships with the Pappas Funds, each of Management V, Pappas Capital and Mr. Pappas may be deemed to indirectly beneficially own the shares of which Pappas Ventures and CEO Fund are the record owners. (continue in footnote 5)
- 5. Each of Management V, Pappas Capital and Mr. Pappas disclaims beneficial ownership of the shares reported herein, except to the extent of its or his respective pecuniary interests therein. This report shall not be deemed an admission that such reporting persons are the beneficial owners of such securities for purposes of Section 16 or for any other purpose.

/s/ Amanda Keister, attorney-infact for Arthur M. Pappas
/s/ Amanda Keister, attorney-infact for A.M. Pappas Life
Science Ventures V, LP
/s/ Amanda Keister, attorney-infact for PV V CEO Fund, LP
/s/ Amanda Keister, attorney-infact for AMP&A Management
V, LLC
/s/ Amanda Keister, attorney-infact for Pappas Capital, LLC
** Signature of Reporting Person

06/26/2018

06/26/2018

06/26/2018

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * 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.