

OMB APPROVAL	
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**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

1. Name and Address of Reporting Person* <u>Onyx Therapeutics, Inc.</u>  (Last) (First) (Middle) <u>ONE AMGEN CENTER DRIVE</u>  (Street) <u>THOUSAND OAKS CA 91320-1799</u>  (City) (State) (Zip)	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 <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/25/2018</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**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		1,121,384	A	(1)	1,121,384	D <sup>(2)(3)</sup>	

**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
Series A Redeemable Convertible Preferred Stock	(1)	06/25/2018		C		1,121,384		(1)	(1)	Common Stock	1,121,384	\$0.00	0	D <sup>(2)(3)</sup>	

1. Name and Address of Reporting Person* <u>Onyx Therapeutics, Inc.</u>  (Last) (First) (Middle) <u>ONE AMGEN CENTER DRIVE</u>  (Street) <u>THOUSAND OAKS CA 91320-1799</u>  (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>AMGEN INC</u>  (Last) (First) (Middle) <u>ONE AMGEN CENTER DRIVE</u>  (Street) <u>THOUSAND OAKS CA 91320-1799</u>  (City) (State) (Zip)

**Explanation of Responses:**

- As more fully described in the Issuer's Registration Statement on Form S-1 (Registration No. 333-225194), upon completion of the Issuer's initial public offering, each share of Series A redeemable convertible preferred stock will be automatically converted into one share of the Issuer's common stock.
- These shares are owned directly by Onyx Therapeutics, Inc., or Onyx, an indirect wholly-owned subsidiary of Amgen Inc., or Amgen. Amgen may be deemed to beneficially own securities held by Onyx.
- Upon the closing of the Issuer's initial public offering on the date hereof, the shares held by the reporting persons will represent less than 10% beneficial ownership of the outstanding shares of common stock.

**Remarks:**

/s/ Andrea A. Robinson, 06/25/2018  
Assistant Secretary and  
Associate General Counsel on

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.**