FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* <u>EHRLICH JASON</u>					2. Issuer Name and Ticker or Trading Symbol Kodiak Sciences Inc. [ KOD ]										tionship of Reportin all applicable) Director Officer (give title		ng Person(s) to Iss 10% Ow Other (s		wner
(Last) 1200 PA	(Fir	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021								below)  See Re		ema	below)	specify
(Street) PALO A (City)			4304 <sup>Zip)</sup>		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - N	lon-Deriva	tive S	Secu	rities	Ac	quire	d, Di	sposed of	f, or E	Benefic	cially	Own	ed			
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) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securit Benefic Owned		ties cially I Following	Forr (D)	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock			05/20/20	05/20/2021				S <sup>(1)</sup>		5,063	D	\$80.8	45 <sup>(2)</sup>		5,048		D		
Common Stock			05/20/2021					S <sup>(1)</sup>		1,490	D	\$81.7	73 <sup>(3)</sup>	6	63,558		D		
Common Stock			05/20/20	)21				S <sup>(1)</sup>		397	D	\$82.	53 <sup>(4)</sup>	63,161			D		
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)	Exec if an	Deemed ution Date, y tth/Day/Year)	4. Transa Code ( 8)	(Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed )	Expi (Mor	ration C hth/Day/	Year)  Expiration	3 and	int of ities rlying ative ity (Instr	Der Sec (Ins	rice of ivative curity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted-average price. The shares were sold in multiple transactions ranging from \$80.36 to \$81.34, inclusive. The Reporting Person undertakes to provide the Issuer, any security holder of the Issuer, or the Staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges
- 3. The price reported in Column 4 is a weighted-average price. The shares were sold in multiple transactions ranging from \$81.365 to \$82.36, inclusive.
- 4. The price reported in Column 4 is a weighted-average price. The shares were sold in multiple transactions ranging from \$82.45 to \$82.80, inclusive.

## Remarks:

Chief Medical Officer and Chief Development Officer

/s/ David Peinsipp, Attorneyin-Fact for Jason Ehrlich

05/24/2021

\*\* 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.