Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* EHRLICH JASON						2. Issuer Name and Ticker or Trading Symbol Kodiak Sciences Inc. [KOD] 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2021									ationship of Reporting k all applicable) Director Officer (give title below) See Re		10% Owner Other (speci below)		vner
(Last) (First) (Middle) 1200 PAGE MILL ROAD				specify															
(Street) PALO A (City)			94304 (Zip)	1	4. 1	4. If Amendment, Date of Original					Filed (Month/D	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tab	le I -	Non-Deri	vativ	e Sec	uriti	es A	cquir	ed, [Disposed (of, or E	Benefic	ially	Owned	t			
Date		2. Transacti Date (Month/Day)		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			Benef Owne		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
		Code V Amount (A) or (D)						Price		Reporte Transa (Instr. 3	ction(s)			(Instr. 4)					
Common	Stock			09/20/20	021				M		6,950	Α	\$10	.29	58	3,491		D	
Common	Stock			09/20/20)21				S ⁽¹⁾		6,098	D	\$99.74	147 ⁽²⁾	52	2,393	D D		
Common	Stock			09/20/20)21				S ⁽¹⁾		503	D	\$100.5	245 ⁽³⁾	51	.,890			
Common	Stock			09/20/20)21				S ⁽¹⁾		349	D	\$101.3	093(4)	51	,541		D	
		Т	able								sposed of s, converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, th/Day/Year)	4. Transa Code 8)	5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)		vative urities uired or osed o) cr. 3, 4	Expiration (Month/Day s			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		ity De Se	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e V (A)	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	oer					
Stock Option (Right to	\$10.29	09/20/2021			M			6,950		(5)	08/29/2028	Commo		50	\$0.00	246,338	8	D	

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 \$99.095 to \$100.08, 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 set forth in
- 3. The price reported in Column 4 is a weighted-average price. The shares were sold in multiple transactions ranging from \$100.14 to \$100.96, inclusive.
- $4. \ The price reported in Column \ 4 \ is \ a weighted-average price. \ The shares were sold in multiple transactions ranging from \$101.175 \ to \$101.94, inclusive.$
- 5. Twenty-five percent of the shares subject to the option vested on September 1, 2019, and 1/48th of the shares subject to the option vest on the same day of each month thereafter.

Buy)

Chief Medical Officer and Chief Development Officer

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

09/22/2021

** 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.