Instruction 1(b)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## F CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person*  ALDRICH RICHARD						2. Issuer Name and Ticker or Trading Symbol  KalVista Pharmaceuticals, Inc. [ KALV ]									eck all app	olicable) ctor			Owner	
(Last) (First) (Middle) C/O LONGWOOD CAPITAL PRUDENTIAL TOWER, 800 ROYLSTON STREET, S					11/2	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2016									belov	Officer (give title below)		below	,	
(Street) BOSTON MA 02199 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)  tive Securities Acquired, Disposed of, or Benefic									Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				tion	ion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Disposed Of (5)			s Acqu	ired (A)	or	5. Amou Securition Beneficition	nt of es ally Following	Form: Direct		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Prid		ice		ansaction(s) astr. 3 and 4)			(Instr. 4)	
Common	Stock			11/21/	2016				A		369,419	)	A	(1)	369	369,419 I By Longw Fund II LP <sup>(2)</sup>				
		Та									osed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transa Code (I 8)	nstr.	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Number of Title Shares		nt er	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

1. Received in exchange for 1,268,971 shares of KalVista Pharmaceuticals, Ltd. Series B Preferred Stock in connection with the closing of the share purchase transaction (the "Transaction") whereby KalVista Pharmaceuticals, Ltd. became a wholly-owned subsidiary of Carbylan Therapeutics, Inc., which changed its name to KalVista Pharmaceuticals, Inc. (the "Company"). On the effective date of the Transaction, the closing price of the Company's common stock was \$9.38 per share. All numbers give effect to the 14:1 reverse stock split effected by the Company on November 21, 2016. Prior to the reverse stock split, the closing price of the Company's common stock was \$0.67 per share.

2. Longwood Fund II, LP, a Delaware limited partnership. Longwood Fund II GP, LLC (the "Fund II General Partner") is the general partner of Longwood Fund II, L.P. and exercises voting and investment power with respect to securities owned directly by Longwood Fund II, L.P. Longwood Fund II, L.P. is managed by Longwood Fund Management, LLC. Mr. Aldrich is a managing member of Longwood Fund Management LLC who disclaims beneficial ownership of the shares held by Longwood Fund II, L.P. except to the extent of his pecuniary interest therein.

/s/ Richard Aldrich 11/28/2016

\*\* 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.