## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OND APP	ROVAL
OMB Number:	3235-0287
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hours per response:

0.5

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(b) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  RA CAPITAL MANAGEMENT, LLC				2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/23/2017					Officer (below)	give title		10% Ow Other (sp below)			
20 PARF (Street) BOSTO		SUITE 1200 IA	02116	4	1. If Am	endment, D	ate of	f Original File	d (Month/Da	ay/Year)	Line	Form fil	ed by One	Repor	Check Appliting Person One Reporti	
(City)	(5	State)	(Zip)									Person	ed by More	e urarry	Опе кероп	ing .
		Ta	able I - Non-D	erivat	ive S	ecurities	AC	quired, D	sposed (	of, or Be	neficially	Owned				
		Da	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Beneficial Owned Fo	Fo ly (D)	Form: (D) or	rm: Direct I or Indirect I (Instr. 4)	7. Nature of ndirect Beneficial Ownership	
								Code V	Amount	(A) o (D)	Price		orted (Instr. 4 rsaction(s) tr. 3 and 4)		nstr. 4)	
			Table II - De (e.g					uired, Dis , options,				Owned				
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. Transa Code 8)		Derivative I		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	e s Illy	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	Amount or Number of Shares		Transaction (Instr. 4)	on(s)		
Director Stock Option (right to buy)	\$7.88	03/23/2017		A		12,000 <sup>(2)</sup>		(1)	03/22/2027	Common Stock	12,000(2)	\$0.00	12,000 <sup>0</sup>	(2)	I	See footnote <sup>(3</sup>
		Reporting Person*										1				

	L MANAGEM						
(Last)	(First)	(Middle)					
20 PARK PLAZ	ZA, SUITE 1200						
(Street)							
BOSTON	MA	02116					
(City)	(State)	(Zip)					
1. Name and Addre	ess of Reporting Perso Peter	n*					
(Last)	(First)	(Middle)					
C/O RA CAPITAL MANAGEMENT, LLC							
20 PARK PLAZ	ZA, SUITE 1200						
(Street)							
BOSTON	MA	02116					
(City)	(State)	(Zip)					

## Explanation of Responses:

- 1. The option vests over a 3 year period: 1/36th vested on December 21, 2016 and 1/36th of the total shares will continue to vest monthly, subject to continued service through each vesting date.
- 2. The reported option is held directly by Rajeev Shah, who holds it for the benefit of RA Capital Management, LLC (the "Adviser"). The Adviser is the general partner of the RA Capital Healthcare Fund, L.P. (the "Fund"). Peter Kolchinsky is the sole manager of the Adviser. The Adviser and Mr. Kolchinsky may be deemed indirect beneficial owners of the option. The Adviser and Mr. Kolchinsky disclaim beneficial ownership of the reported securities in reliance on Rule 16a-1(a)(1)(v) and (vii) and disclaim any obligation to file reports under Section 16 other than as directors by deputization. The Adviser and Mr. Kolchinsky have no pecuniary interest in the reported securities held in the Account and disclaim: (A) beneficial ownership thereof for purposes of Rule 16a-1(a)(2) and (B) beneficial ownership of securities held by the Fund, for purposes of Rule 16a-1(a)(2), except to the extent of their pecuniary interest therein.
- $3. \ The \ option \ is \ held \ by \ Rajeev \ Shah \ for \ the \ benefit \ of \ the \ Adviser. \ Mr. \ Shah \ serves \ as \ the \ Adviser's \ board \ representative.$

/s/ Peter Kolchinsky, Manager of RA Capital Management,

03/27/2017

LLC

/s/ Peter Kolchinsky, 03/27/2017

<u>individually</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.