FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | | | |
| II = | | | | | | | | | | | | |

87 Estimated average burden 0.5 hours per response:

Direct (D)

or Indirect

Ownership

(Instr. 4)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 2. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person KalVista Pharmaceuticals, Inc. [KALV] <u>Shah Rajeev M.</u> Director 10% Owner Officer (give title Other (specify 3. Date of Earliest Transaction (Month/Day/Year) below) below) (Last) (First) (Middle) 09/27/2017 C/O RA CAPITAL MANAGEMENT, LLC 20 PARK PLAZA, SUITE 1200 6. Individual or Joint/Group Filing (Check Applicable Line) 4. If Amendment, Date of Original Filed (Month/Day/Year) (Street) Form filed by One Reporting Person 02116 **BOSTON** MA Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 5. Amount of 6. Ownership 7. Nature Execution Date. Transaction Securities Form: Direct of Indirect (Month/Day/Year) if any (Month/Day/Year) (D) or Indirect (I) (Instr. 4) Code (Instr. 5) Beneficially Beneficial Owned Following 8) Ownership Reported (Instr. 4) (A) or (D) Transaction(s) ٧ Code Amount Price (Instr. 3 and 4) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 11. Nature Ownership Transaction Code (Instr. Derivative Conversion **Execution Date Expiration Date** Amount of Derivative derivative of Indirect Derivative Security (Month/Day/Year) (Month/Day/Year) Securities Security Securities Beneficial or Exercise orm:

| | | Security | | | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | (Instr. 3 and 4) | | | Following Reported Transaction(s) (Instr. 4) | (I) (Instr. 4) | (mau. 4) |
|--|--|----------|------------|------|---|--|-----|---------------------|--------------------|------------------|--|-----|---|------------------|----------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| | Director Stock Option (Right to Buy) | \$6.71 | 09/27/2017 | A | | 6,000 | | (1) | 09/26/2027 | Common Stock | 6,000 | \$0 | 6,000 | D ⁽²⁾ | |

Explanation of Responses:

Price of

(Instr. 3)

1. The option vests over a 12 month period: 1/12th on October 27, 2017, after which 1/12th of the total shares vest monthly, subject to continued service through each vesting date.

Securities

2. The option is held by the reporting person for the benefit of RA Capital Management, LLC. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

/s/Rajeev Shah

** Signature of Reporting Person

Underlying

Derivative Security

(Instr. 5)

Beneficially

Owned

Date

09/29/2017

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

(Month/Day/Year)

8)

- * 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.