FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Check this box if no longer subject to	STAT
Section 16. Form 4 or Form 5	

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

1. Name ar Yea Ch		2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV] 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2016								ck all applica Director Officer (ble)	g Person(s) to Issu 10% Ov Other (s below)		wner			
(Last) (First) (Middle) C/O KALVISTA PHARMACEUTICALS, INC. BLDG 227, TETRICUS SCIENCE PARK											below)	below) Chief Development					
(Street) SALISB WILTSH (City)	IRE X	O State)	SP4 0JQ (Zip)		4. If Am	endment, Da	ate of	Original F	-iled	(Month/Day	r/Year)	6. Inc Line)	Form file	ed by One	Repor	(Check Appl ting Person One Reporti	
		Ta	able I - Non	-Derivat	tive S	ecurities	Acq	uired,	Dis	posed o	f, or Ber	neficially	Owned				
1. Title of Security (Instr. 3)		2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.			Beneficial	urities eficially ned Following		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v				(11341.4)				
Common Stock			11/21/2	1/2016		A		82,969 A		(1)	82,969			D			
			Table II - D			curities <i>A</i> Ils, warra							Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date Execution Exercise (Month/Day/Year) if any (Month Paylytear) (Month Paylytear)		ate, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ies g Security	Derivative Security		er of e es ally g	Ownership C Form: E Direct (D) C	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)			
Employee Stock Option (Right to	\$0.014 ⁽²⁾	11/21/2016		A		116,810 ⁽²⁾		(3)		(3)	Common Stock	116,810	\$0	116,8	10	D	

Explanation of Responses:

- 1. Common Stock was received in exchange for 285,000 shares of KalVista Pharmaceuticals, Ltd. ordinary shares 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 (the "Reverse Stock Split"). Prior to the reverse stock split, the closing price of the Company's common stock was \$0.67 per share.
- 2. The stock option was received in exchange for 401,250 shares of KalVista Pharmaceuticals, Ltd. ordinary shares in connection with the closing of the Transaction. The option became 100% vested as of May 1, 2016. All numbers give effect to the Reverse Stock Split.
- 3. The option became 100% vested as of May 1, 2016.

/s/Benjamin L. Palleiko,

Attorney-in-Fact for

Christopher Yea

** Signature of Reporting Person

Date

11/29/2016

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.