FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Palleiko Benjamin L (Last) (First) (Middle) C/O KALVISTA PHARMACEUTICALS, INC. 55 CAMBRIDGE PARKWAY, SUITE 901E						2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV] 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2021								(Che	Relationship of Reporting Person(s) to Issuer neck all applicable) Director 10% Owner X Officer (give title below) CFO, CBO & Secretary				
(Street) CAMBR (City)			02142 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	Form fi	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No			_			1	Dis	-	-			_				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo						5. Amou Securitie Beneficia Owned F	es ally following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	ınt (A) or (D)		Price	Transact (Instr. 3	ion(s)	(5ti. 4)					
Common Stock 02/07/					/2021		A		32,500	32,500 ⁽¹⁾ A §		\$0.00	65,	55,000		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T	Transaction Code (Instr.				6. Date Exercisat Expiration Date (Month/Day/Year)		•	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	ode	v	(A)		Date Exercisal		Expiration Date	Title	or Nui of	mber ares					
Stock Option (right to buy)	\$24.23	02/07/2021		1	A ⁽²⁾		37,500		(2)	(05/15/2029	Commo Stock	a 37	,500	\$0.00	37,500)	D	
Stock Option	\$10.2	02/07/2021			A ⁽³⁾		20,000		(3)		06/16/2030	Commo	¹ 20.	,000	\$0.00	20,000)	D	

Explanation of Responses:

- 1. Represents the number of shares vested upon the achievement of certain performance criteria pursuant to a performance based restricted stock unit granted by the Issuer's Compensation Committee in June 2018.
- 2. Represents performance stock options granted to the Reporting Person on May 15, 2019. As a result of the Reporting Person having met the applicable performance criteria, 1/36 of the total stock options vests monthly over a 3-year period commencing on February 7, 2021 until fully vested, subject to the Reporting Person's continued service through each vesting date.
- 3. Represents performance stock options granted to the Reporting Person on June 16, 2020. As a result of the Reporting Person having met the applicable performance criteria, 1/36 of the total stock options vests monthly over a 3-year period commencing on February 7, 2021 until fully vested, subject to the Reporting Person's continued service through each vesting date.

Remarks:

buy)

Benjamin L. Palleiko, 02/08/2021 Attorney-in-Fact

** 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.