| SEC Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |) |
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| 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |
| | |

| 1. Name and Address of Reporting Person [*] Palleiko Benjamin L (Last) (First) (Middle) C/O KALVISTA PHARMACEUTICALS, INC. 55 CAMBRIDGE PARKWAY, SUITE 901E (Street) CAMBRIDGE MA 02142 | | n* | 2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV] | | tionship of Reporting Pe all applicable) Director | son(s) to Issuer 10% Owner | | | |
|--|---------|--------------|--|---|--|-------------------------------------|--|--|--|
| | | TICALS, INC. | 3. Date of Earliest Transaction (Month/Day/Year) 09/18/2018 | - X | Officer (give title below) CFO and Sec | Other (specify below) cretary | | | |
| | | UITE 901E | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| | | 02142 | | Line) X | Form filed by One Rep Form filed by More that Person | 0 | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | if any | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--------|------|---|-------------------------|---|------------------------------------|---|---|---|
| | | | Code | v | Amount (A) or (D) Price | | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 09/18/2018 | | Α | | 32,500 ⁽¹⁾ | Α | \$ <mark>0</mark> | 32,500 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 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 Transaction(s) (Instr. 4) | 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 | | | | |
| Employee Stock Option (Right to Buy) | \$16.08 | 09/18/2018 | | A | | 52,600 | | (2) | 09/17/2028 | Common Stock | 52,600 | \$0 | 52,600 | 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. No sale or disposition of these shares is contemplated until after the expiration of the applicable lock-up period.

2. The option vests over a 4 year period: 1/48th on October 18, 2018, after which 1/48th of the total shares vest monthly, subject to continued service through each vesting date.

/s/Benjamin Palleiko 09/20/2018

** 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.