FORM 4

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

Washington, D.C. 20549

ı	OMB APPRO	VAL
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Sec	tion 30(h) d	of the	Investment C	ompany Act	of 1940							
				2. Issuer Name <b>and</b> Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [ KALV ]				(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner								
(Last) 20 PARF	,	irst) SUITE 1200	(Middle)		3. Date (		Transa	action (Month	n/Day/Year)			Officer (give title Other (specify below) below)					
(Street)			02116	[4	. If Amo	endment, C	Date o	f Original File	d (Month/Da	ıy/Year)	6. Ind Line)	Form fil	ed by One ed by More	Repor	Check Appl ting Person One Report		
(City)	(S	tate)	(Zip)														
1. Title of	Security (Inst		[	Derivati 2. Transacti Date Month/Day	on	2A. Deeme Execution if any (Month/Da	ed Date,	3. Transaction Code (Inst	4. Securi	of, or Ber ties Acquire d Of (D) (Inst	d (A) or	5. Amount of   6. Ownership   7. Natur     Securities   Form: Direct   Indirect     Beneficially   (D) or Indirect   Benefic     Owned Following   (I) (Instr. 4)   Owners			7. Nature of ndirect Beneficial Dwnership Instr. 4)		
						Code V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)			(111501.4)			
			Table II - D (e					uired, Dis , options,				Owned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	Code	saction (Instr.	Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4)	on(s)			
Director Stock Option (right to buy)	\$6.71	09/27/2017		A		6,000 <sup>(2)</sup>		(1)	09/26/2027	Common Stock	6,000(2)	\$0.00	6,000 <sup>(2</sup>	2)	I	See footnote <sup>(3)</sup>	
		Reporting Person*	NT, LLC														

RA CAPITA	AL MANAGEM	IENT, LLC						
(Last)	ast) (First) (Middle)							
20 PARK PLAZA, SUITE 1200								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*     Kolchinsky Peter								
(Last)	(First)	(Middle)						
C/O RA CAPITAL MANAGEMENT, LLC								
20 PARK PLAZA, SUITE 1200								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

- 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.
- 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.
- 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, individually

\*\* Signature of Reporting Person

Date

09/29/2017

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.