FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

domington, D.O. 20040		

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

Name and Address of Reporting Person*     Yea Christopher				2. Issuer Name <b>and</b> Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [ KALV ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Yea Christopher</u>				_   -							-		Directo Officer	r (give title	10% O Other (	· I
(Last) (First) (Middle)				3.	Date of Earliest Transaction (Month/Day/Year)							below)			·	
C/O KALVISTA PHARMACEUTICALS, INC.					11/21/2016							Chief Development Officer				
55 CAM	BRIDGE F	ARKWAY, SUIT	ГЕ 901Е	L												
					4. If Amendment, Date of Original Filed (Month/Day/Year) 11/29/2016							6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)				1	1/29/2	2016						- 1	,	led by One R	eporting Perso	n
CAMBR	IDGE N	ſΑ	02142										Form fi	led by More tl	han One Repo	
(City)	//	Ctata)	(7in)	_									Person			
(City)	(3	State)	(Zip)													
		Та	ble I - Non-De	erivati	ve Se	curities	s Acc	quired, D	isposed	l of	f, or Be	neficiall	y Owned			
Date				action 2A. Deemed Execution Date, Day/Year) if any (Month/Day/Year)		Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr.			5. Amour Securities Beneficia Owned F	s Form	Ownership orm: Direct o) or Indirect	7. Nature of ndirect Beneficial Ownership			
					(MOIIIII/Day/ real		′ <del>  °′                                    </del>			(0) or		Reported	ı " ''`	(Instr. 4)	(Instr. 4)	
							Code V	Amou	ount (A) or Pi		Price		Transaction(s) (Instr. 3 and 4)			
			Table II - Der	ivative	e Sec	urities	Acqı	uired, Dis	posed	of,	or Bene	eficially	Owned			
			(e.g	., puts	s, call	ls, warr	ants,	, options	conve	rtib	le secu	rities)				
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution D or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		Derivative		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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
												Amount or	]	(Instr. 4)	(5)	
				Code	v	(A)		Date Exercisable	Expiration Date		Title	Number of Shares				
Employee Stock Option (Right to Buy) <sup>(1)(2)</sup>	\$0.0043 <sup>(3)</sup>	11/21/2016		A		116,810		(4)	03/30/20	26	Common Stock	116,810	\$0	116,810	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. This amended Form 4 is being filed solely to correct the exercise price for the employee stock option.
- 4. The option became 100% vested and exercisable as of May 1, 2016

/s/Benjamin Palleiko, Attorney-

01/24/2019

<u>in-Fact</u>

\*\* 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.