FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

| Name and Address of Reporting Person* Smith Michael David | | | | | 2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV] | | | | | | | | Check | all appli Directo | , | | | vner | |
|---|------------------------------|---|-----------------------------------|---------|--|---|--|--|---------------------|--|--------------------------|-------------------------------------|--|--|---|--|---|------------|--------|
| | LVISTA PH | irst) (Middle) HARMACEUTICALS, INC ARKWAY, SUITE 901E | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021 | | | | | | | | X | below) | | Deve: | below) | эрсону |
| (Street) CAMBR (City) | LIDGE M | MA 02142 (State) (Zip) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | ı | Line) | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | 2. Transact | ion 2A. Do Execu | | Deemed cution Date, | | 3. Transaction Code (Instr. | | | | (A) or | 5. Amo Securi Benefi Owned | | unt of es ially Following | Form (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | \perp | | | | Code | v | Amount | (A) or (D) | Price | Tra (Ins | | nsaction(s) str. 3 and 4) | | | (Instr. 4) | |
| Common Stock 06/01/202 | | | 021 | ?1 | | M | | 7,500 | A | \$8.3 | 88.39 | | 7,500 | | D | | | | |
| Common Stock 06/01/202 | | | 021 | 21 | | S ⁽¹⁾ | | 7,500 | D | \$26.82 | .95 ⁽²⁾ | 0 | | | D | | | | |
| | | T | able I | | | | | | | | sposed of s, converti | | | | wned | | | | |
| Derivative Conversion Da | Date (Month/Day/Year) Exec | | emed tion Date, n/Day/Year) | | ransaction Code (Instr. | | umber ivative urities juired or posed D) tr. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Amo or Num of Shar | | ber | | | | | |
| Stock Option (right to buy) | \$8.39 | 06/01/2021 | | | M | | | 7,500 | (3) | | 11/21/2026 | Common Stock | 7,500 | 0 | \$0.00 | 22,596 | 5 | D | |

Explanation of Responses:

- $1. \ The \ transactions \ reported \ on \ this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$26.22 to \$27.16, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.
- 3. The option is fully vested.

Remarks:

/s/ Benjamin L. Palleiko, Attorney-in-Fact

** Signature of Reporting Person Date

06/03/2021

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.