| SEC For | m 4 FORM | Λ | | ED ST | | S SE | CU | IRITI | =5 Δ | | ЕХСНА | | СОММІ | 55101 | J | | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|----------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------|--|--|
| FORM 4 GIVINED STA | | | | | | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | IT OF CHANGES IN BENEFICIAL OWNERSHIP pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person [*] Cha Albert | | | | | | 2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV] | | | | | | | | | p of Reportin plicable) ctor | porting Person(s) to Issue) 10% Own | | | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2023 | | | | | | | | Officer (give title Other (specify below) below) | | | | pecify | | |
| C/O KALVISTA PHARMACEUTICALS, INC. 55 CAMBRIDGE PARKWAY, SUITE 901E | | | | | 4.1 | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) CAMBRIDGE MA 02142 | | | | | | | | | | | | | | | | m filed by More than One Reporting son | | | | |
| | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) (State) (Zip | | | (Zip) | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Tab | ole I - N | lon-Deri | vativ | e Sec | curit | ies Ac | quire | ed, Di | isposed o | of, or B | eneficial | ly Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day) | | | | | 2A. D Exec if any (Mon | ution / | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Secu Bene Own | ficially d Following | Form (D) o | n: Direct or or Indirect E nstr. 4) 0 | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | action(s) 3 and 4) | ion(s) | | Instr. 4) | | |
| Common Stock | | | | 09/11/2 | 023 | | | | М | | 6,000 | Α | \$6.71 | \$6.71 6 | | | D | | | |
| Common Stock 09/1 | | | | 09/11/2 | 023 | 23 | | | М | | 12,000 | A | \$7.88 | | 18,000 | | D | | | |
| Common Stock 09/11/2 | | | | 023 | | | | S | | 18,000 | D | \$10.5028 | 10.5028(1) | | | D | | | | |
| | | 1 | Table I | | | | | | | | posed of, , convertil | | | Owned | I | | | | | |
| 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. Transaction Code (Instr. 8) | | 5. Number n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price Derivativ Security (Instr. 5) | e derivative Securities Beneficia Owned Following Reported | Following Reported Transaction(s) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (right to buy) | \$6.71 | 09/11/2023 | М | | | | 6,000 | (2) | | 09/27/2027 | Commor Stock | ¹ 6,000 | \$0.00 | 0 | | D | | | | |
| Employee Stock Option (right to buy) | \$7.88 | 09/11/2023 | | | М | | | 12,000 | (2) | | 03/22/2027 | Commor Stock | ¹ 12,000 | \$0.00 | 0 | | D | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$10.38 to \$10.60, 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 range set forth herein.

2. The option is fully vested.

Remarks:

<u>/s/ Benjamin L. Palleiko,</u> <u>Attorney-in-Fact</u>

09/13/2023

** 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.