

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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

<p>1. Name and Address of Reporting Person*</p> <p><u>SVLSF IV, LLC</u></p> <hr/> <p>(Last) (First) (Middle)</p> <p><u>ONE BOSTON PLACE</u></p> <p><u>201 WASHINGTON STREET, SUITE 3900</u></p> <hr/> <p>(Street)</p> <p><u>BOSTON MA 02108</u></p> <hr/> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement (Month/Day/Year)</p> <p><u>11/21/2016</u></p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p><u>KalVista Pharmaceuticals, Inc. [KALV]</u></p> <hr/> <p>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <p>Director <input checked="" type="checkbox"/> 10% Owner</p> <p>Officer (give title below) Other (specify below)</p>	<p>5. If Amendment, Date of Original Filed (Month/Day/Year)</p> <hr/> <p>6. Individual or Joint/Group Filing (Check Applicable Line)</p> <p>Form filed by One Reporting Person</p> <p><input checked="" type="checkbox"/> Form filed by More than One Reporting Person</p>
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*

SVLSF IV, LLC

(Last) (First) (Middle)

ONE BOSTON PLACE

201 WASHINGTON STREET, SUITE 3900

(Street)

BOSTON MA 02108

(City) (State) (Zip)

1. Name and Address of Reporting Person*

SV Life Sciences Fund IV (GP), L.P.

(Last) (First) (Middle)

ONE BOSTON PLACE

201 WASHINGTON STREET, SUITE 3900

(Street)

BOSTON MA 02108

(City) (State) (Zip)

1. Name and Address of Reporting Person*

SV LIFE SCIENCES FUND IV STRATEGIC PARTNERS, L. P.

(Last) (First) (Middle)

ONE BOSTON PLACE

201 WASHINGTON STREET, SUITE 3900

(Street)

BOSTON MA 02108

(City) (State) (Zip)

(City) (State) (Zip)

1. Name and Address of Reporting Person*

SV LIFE SCIENCES FUND IV, L.P.

(Last) (First) (Middle)

ONE BOSTON PLACE
201 WASHINGTON STREET, SUITE 3900

(Street)
BOSTON MA 02108

(City) (State) (Zip)

Explanation of Responses:

Remarks:

This statement is filed by: (i) SV Life Sciences Fund IV, L.P. ("SVLS IV LP") and SV Life Sciences Fund IV Strategic Partners, L.P. ("Strategic Partners"), each a Delaware limited partnership and direct owners of the shares of Common Stock of the Issuer (together, the "Shares"); (ii) SV Life Sciences Fund IV (GP), L.P., a Delaware limited partnership ("SVLS IV GP") and general partner of SVLS IV LP and Strategic Partners; and (iii) SVLSF IV, LLC, a Delaware limited liability company and general partner of SVLS IV GP. Each of SVLS IV LP, Strategic Partners, SVLS IV GP and SVLSF IV, LLC are sometimes individually referred to herein as a "Reporting Person" and collectively as the "Reporting Persons."

No securities are beneficially owned.

/s/ Denise Marks

11/25/2016

** 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 5 (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.