FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB Number:

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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

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

1. Name and Address of Reporting Person*  Cha Albert  (Last) (First) (Middle)  C/O KALVISTA PHARMACEUTICALS, INC.  55 CAMBRIDGE PARKWAY, SUITE 901E  (Street)  CAMBRIDGE MA 02142				Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV]      Inc. [KALV]      Indicate Pharmaceuticals, Inc. [KALV]      Inc. [KALV]      Inc. [KALV]      Inc. [KALV]						(Ct	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner Officer (give title below)      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(Si	tate) (	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Code (In	Transaction Disposed Of (D) (Instr. 3, 4			ed (A) or str. 3, 4 and	Benefic	es Forn ially (D) o Following (I) (Ir		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(iii3ti. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution I Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/Y	Date, Transaction Code (Insti			on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	ode	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Director Stock Option (Right to Buy)	\$11.21	10/02/2019			A		7,000		(1)	10	0/01/2029	Common Stock	7,000	\$0	7,000		D	

## **Explanation of Responses:**

1. The option vests over a 12 month period: 1/12th on November 2, 2019, after which 1/12th of the total shares vest monthly, subject to continued service through each vesting date.

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

10/03/2019

\*\* 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.