

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>RA CAPITAL MANAGEMENT, LLC</u>  (Last) (First) (Middle) <u>C/O RA CAPITAL MANAGEMENT, LLC</u> <u>20 PARK PLAZA, SUITE 1200</u>  (Street) <u>BOSTON MA 02116</u>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>11/21/2016</u>	3. Issuer Name and Ticker or Trading Symbol <u>KalVista Pharmaceuticals, Inc. [ KALV ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

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)
---------------------------------	---	--	---

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\*  
RA CAPITAL MANAGEMENT, LLC  
 (Last) (First) (Middle)  
C/O RA CAPITAL MANAGEMENT, LLC  
20 PARK PLAZA, SUITE 1200  
 (Street)  
BOSTON MA 02116  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
RA Capital Healthcare Fund LP  
 (Last) (First) (Middle)  
C/O RA CAPITAL MANAGEMENT, LLC  
20 PARK PLAZA, SUITE 1200  
 (Street)  
BOSTON MA 02116  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Kolchinsky Peter  
 (Last) (First) (Middle)  
C/O RA CAPITAL MANAGEMENT, LLC  
20 PARK PLAZA, SUITE 1200  
 (Street)  
BOSTON MA 02116  
 (City) (State) (Zip)

(City)

(State)

(Zip)

**Explanation of Responses:**

**No securities are beneficially owned.**

[/s/ Peter Kolchinsky, Manager  
of RA Capital Management,  
LLC, the General Partner of  
RA Capital Healthcare Fund,  
L.P.](#) [11/23/2016](#)

[/s/ Peter Kolchinsky, Manager  
of RA Capital Management,  
LLC](#) [11/23/2016](#)

[/s/ Peter Kolchinsky,  
individually](#) [11/23/2016](#)

\*\* 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.**