FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* Shah Rajeev M. | | | | | 2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV] | | | | | | | | | 5. Relationshi (Check all app X Direct | | , | | s) to Is L0% O | | |
|--|---|--|-------------------|-----------------|---|---|------|---|------------------------------------|--|---|-------|---|--|---|---|---|---|--|--|
| | | MANAGEMENT | Middle) Γ, LLC | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2016 | | | | | | | | | | Office | er (give title w) | | Other (specify below) | |
| 20 PARK (Street) BOSTON | | A 0 |)2116 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indivine) | | | | | |
| (City) | (St | | Zip) | Doriv | otivo. | ative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | action | ction 2A. Deemed Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securit Disposed 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | or 5. Amoun Securities Beneficia Owned For Reported | | ount of ties cially I Following ted | 6. Owners Form: Dir (D) or Ind (I) (Instr. 4 | ect rect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock 11/2 | | | | | /2016 | 2016 | | Code | V | 591,070 | | A | Price | , | (Instr. 3 and 4) 591,070 ⁽²⁾ | | I | | See Footnote (3) ⁽³⁾ | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | ecution Date, T | | | n of | | 6. Date E Expiratio (Month/E | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Pri Deriv Secu (Instr | rative rity : | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) irect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Shai | ber | r | | | | | |

Explanation of Responses:

- 1. Common Stock was received in exchange for 2,030,354 shares of KalVista Pharmaceuticals, Ltd. Series B Preferred shares in connection with the closing of the share purchase transaction (the "Transaction") whereby KalVista Pharmaceuticals, Ltd. became a wholly-owned subsidiary of Carbylan Therapeutics, Inc., which changed its name to KalVista Pharmaceuticals, Inc. (the "Company"). On the effective date of the Transaction, the closing price of the Company's common stock was \$9.38 per share. All numbers give effect to the 14:1 reverse stock split effected by the Company on November 21, 2016. Prior to the reverse stock split, the closing price of the Company's common stock was \$0.67 per share.
- 2. These securities include 486,451 shares held by RA Capital Healthcare Fund, L.P. (the "Fund") and 104,619 shares held in an account owned by Blackwell Partners LLC-Series A (the "Account").
- 3. RA Capital Management, LLC (the "Adviser") is the general partner of the Fund and the investment adviser of the Blackwell Account. Peter Kolchinsky is the sole manager of the Adviser, and Mr. Shah is a managing director of the Adviser. Mr. Shah has no pecuniary interest in the reported securities held in the Blackwell Account and therefore disclaims beneficial ownership of those securities. Mr. Shah disclaims beneficial ownership of the reported securities held by the Fund except to the extent of his pecuniary interest therein.

/s/ Rajeev Shah

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 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.