FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

Name and Address of Reporting Person* Crockett Thomas Andrew						2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV]										all app		g Per	rson(s) to Is 10% O Other (wner
(Last) (First) (Middle) C/O KALVISTA PHARMACEUTICALS, INC. 55 CAMBRIDGE PARKWAY, SUITE 901E						3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021										Officer (give title below)		below)		эреспу
(Street) CAMBRIDGE MA 02142				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Zip)																	
		Table	! -	Non-Deriva	tive	Secui	rities	Ac	quir	ed, D)is	posed o	f, or I	3enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				ear) E	2A. Deemed Execution Dat if any (Month/Day/Yo		Date, Ti		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Secu Bene		icially d Following	Form (D) o	ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	An	nount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(,	(111341. 4)			
Common Stock 01/04/					.1			:				9,186	D	\$18.1317(2)		186,234			D	
Common Stock 01/04/202				1				S ⁽¹⁾			814	D	\$18.853(3)		185,420		D			
Common Stock 10/29/202				0				G	V		6,000	D	\$0.0	00	179,420		D			
	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)	Exe if a	Deemed scution Date, ny nnth/Day/Year)		ransaction of Derivativ Securitic Acquirer (A) or Dispose of (D) (Instr. 3, and 5)			Expiration Date (Month/Day/Year)			ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Share		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$17.71 to \$18.70, 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 ranges set forth herein.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.73 to \$19.04, 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 ranges set forth herein

Remarks:

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

01/06/2021

** 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.