FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	burden							

0.5

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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).

obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Fairey William				2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
<u>Fairey</u>	William	L			1		2000 1 110			,			J		Director	or		10% Ov	vner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/03/2024							\dashv	Officer below)	(give title	Other (s below)	pecify			
C/O KALVISTA PHARMACEUTICALS, INC.					110	10312	2024												
55 CAMBRIDGE PARKWAY, SUITE 901E				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															<u></u>	led by One	Repo	orting Perso	n
CAMBR	LIDGE	MA	02142											'		led by Mor		One Repor	
(City)		(State)	(Zip)																
		Tal	ole I - Nor	n-Deriv	ativ	e Se	curities	s Acc	quired, [Disp	osed o	of, or	Ben	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.				Execution		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or 3, 4 and	Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	Amount (A) or (D)		Price	Reported Transact (Instr. 3	ported nsaction(s) str. 3 and 4)			(Instr. 4)	
			Table II -						ired, Di options		,			,	Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercis Price of Derivative Security		e (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	ate, Transactio				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	i i illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Cod	Code	v	(A)		Date Exercisable		xpiration ate	Title	1	Amount or Number of Shares					
Stock Option (Right to	\$11.54	10/03/2024			A		10,000		(1)	1	0/02/2034	Com	mon -	10,000	\$0	10,000	0	D	

Explanation of Responses:

Buy)

1. The option vests over a 12-month period: 1/12th on November 3, 2024, 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 10/04/2024

** 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.