FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.O.	20040

STATEMENT	OF CHANGE	ES IN BENEFICI	AL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									

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0.5

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

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* Feener Edward P.						2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV]								Check	all appli Directo	or	g Per	10% Ov	vner	
(Last)	`	irst) ((Middle)	C.	3. Date of Earliest Transaction (Month/Day/Year) 02/17/2023									X	below)	(give title) hief Scien	itific	Other (s below) Officer	specily	
55 CAMBRIDGE PARKWAY, SUITE 901E						4. If Amendment, Date of Original Filed (Month/Day/Year) 02/23/2023								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	IDGE M	A (02142										X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate) ((Zip)		Rul	Rule 10b5-1(c) Transaction Indication														
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	e I - Non-	-Deriv	ative :	Sec	uriti	ies Ac	quired,	Dis	posed	of, or B	enefici	ally	Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution D		on Date	Code (Ins					, 4 and Securit Benefic Owned		ies Form cially (D) of Following (I) (II		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amoun	t (A)	or Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		Ta	able II - D (e	erivat	tive Souts, ca	ecu alls	ritie , wa	s Acq rrants	uired, D s, option	ispo s, c	osed of onvert	, or Ber ible sec	neficia urities	lly C)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Transact Code (In					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		De Se (In	Price of erivative ecurity nstr. 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)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amoun or Numbe of Shares							
Restricted Stock Unit ⁽¹⁾	(2)	02/17/2023			M			2,430	(1)(3)		(1)(3)	Common Stock	2,430		\$0.00	26,736		D		

Explanation of Responses:

- 1. The original Form 4 filed on February 23, 2023, is being amended by this Form 4 amendment solely to correct an administrative error, which mis-reported the vesting schedule and the restricted stock unit as a performance restricted stock unit.
- 2. Each restricted stock unit ("RSU") represents a contingent right to receive 1 share of the Issuer's Common Stock upon settlement for no consideration.
- 3. 1/16th of the total number of shares subject to the RSU shall vest on each quarterly anniversary of the Vesting Commencement Date commencing on May 17, 2022, subject to continued service through each vesting date.

Remarks:

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

05/22/2023

** Signature of Reporting Person Da

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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$