SEC For																			
FORM 4 UNITED STAT				TES	S SE	-		ES AND ngton, D.C. 2		ANG	EC	OMMI	SSION		OMB	APPRO\	/AL		
Section 16. Form 4 or Form 5 obligations may continue. See					d purs	TOF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person <sup>*</sup> Pereira Brian JG				2.1	ssuer	Name ar	nd Tic	ker or Tradin	g Symbol	(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (First) (Middle) C/O KALVISTA PHARMACEUTICALS, INC.				C.		Office       3. Date of Earliest Transaction (Month/Day/Year)     Office       10/13/2022     below									(give title Other (specify below)				
55 CAMBRIDGE PARKWAY, SUITE 901E (Street) CAMBRIDGE MA 02142					4.1	Line) X Forn Forn									r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting				
(City) (State) (Zip)															Person				
Table I - Non-Deriva   1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action	ction 2A. Deemed Execution Date			3. Transaction Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 and B C		5. Amour Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct of r Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership	
					Code V				/ Amou		(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)		
		•							uired, Dis s, options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, T	l. Transa Code (1 I)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		es I Security	8. Price of Derivative Security (Instr. 5)	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)	
				C	Code	v	(A)	(D)	Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares						
Employee Stock Option (right to buy)	\$4.53	10/13/2022			A		10,000		(1)	10/12/203		nmon ock	10,000	\$0.00	10,00	0	D		

Explanation of Responses:

1. The option vests over a 12 month period: 1/12th on October 13, 2022, 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	

10/17/2022

\*\* 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.