FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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OMB APPROVAL								
О	MB Number:	3235-02						

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

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]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Crocke	LL I IIOIIIa	<u>s Andrew</u>											•		X	Direc			% Owner
(Last)	(E	irst) (Middle)												X	Office	er (give title v)		her (specify low)
C/O KALVISTA PHARMACEUTICALS, INC.		Ξ.	3. Date of Earliest Transaction (Month/Day/Year) 11/21/2016								President and CEO								
BUILDING 227, TETRICUS SCIENCE PARK, POR				11/21/2010															
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic Line)							k Applicable							
SALISBU	JRY, ,	0	TD 4 0 1 0												X	Form	filed by One	e Reporting	erson
WILTSH	IRE X		SP4 0JQ													Form Pers	n filed by Mor on	e than One	Reporting
(City)	(S	tate) (Zip)																
		Tabl	e I - Non	-Deriva	ative S	Secu	rities	s Acq	uired,	Dis	posed o	f, or	Bene	eficia	ally C)wne	ed		
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date				Execution Date		Date,	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			1 and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect ct Beneficial Ownership			
								Code	v	Amount (A) or (D)		Price	. [-	Reported Fransaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 11			11/21/	2016 A 281,420 A		A	(1)	281,420		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)	Title of 2. 3. Transaction 3A. Deemed Execution Date (Month/Day/Year) if any		Date, T	ransaction of code (Instr. Derivative		ative ities red sed	Expiration	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	t			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)		
				-	Code \	,	(A)		Date Exercisa		Expiration Date	Title	of						

Explanation of Responses:

1. Common Stock was received in exchange for 966,691 shares of KalVista Pharmaceuticals, Ltd. ordinary 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"). 114,497 shares remain unvested and subject to repurchase. The unvested shares will be fully vested as of June 29, 2019. 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.

/s/Benjamin Palleiko,

Attorney-in-Fact for T. Andrew 11/28/2016

Crockett

** 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.