FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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								
hours per response:	0.5							

Instruc	tion 1(b).				ection 30(h) of the					1934			L		·	
1. Name and Address of Reporting Person* <u>Audhya Paul K.</u>					2. Issuer Name and Ticker or Trading Symbol KalVista Pharmaceuticals, Inc. [KALV]						5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner					wner
	LVISTA PH	irst) IARMACEUTIO ARKWAY, SUIT	,	05/17	3. Date of Earliest Transaction (Month/Day/Year) 05/17/2022						X Officer (give title Other (specify below) Chief Medical Officer					
(Street) CAMBR (City)		IA tate)	02142 (Zip)	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi _ine) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	ole I - Non-D	Derivative S	Securities Ac	quired,	Disp	oosed o	of, or Bo	enefici	ally	Owned				
Date		Transaction ate lonth/Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	Code (Instr. 5)					5. Amour Securitie Beneficia Owned F	s Form ally (D) o ollowing (I) (In		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
				Code V Amount (A) o				Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
					ecurities Acq alls, warrants							wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code (Ins	Transaction of E Code (Instr. Derivative (M		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security Security (Instr. 5) Benefici Owned Followin Reporter Transact		9. Numbe derivatives Securities Beneficial Owned Following Reported Transaction (Instr. 4)	overship form: But ally or Indirect (D) or Indirect (I) (Instr. 4 tion(s)		Beneficial Ownership (Instr. 4)

Date Exercisable

(1)

(3)

Expiration Date

05/16/2032

(3)

Title

Common

Stock

Stock

Explanation of Responses:

\$9.28

(2)

1. The option vests over a 4 year period: 1/48th on June 17,2022, after which 1/48th of the total shares vest monthly, subject to continued service through each vesting date.

(A)

25.800

38,700

(D)

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.

Code

A

A

3. 1/16th of the total RSUs subject to the Award shall vest on each quarterly anniversary of the Vesting Commencement Date thereafter, subject to continued service through each vesting date.

Remarks:

Employee Stock Option (Right to

Buy) Restricted

Stock

Units

/s/ Benjamin L. Palleiko,

Amount or Number

of Shares

25,800

38,700

\$0.00

05/19/2022

25.800

38,700

D

D

Attorney-in-Fact ** 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).

05/17/2022

05/17/2022

** 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.