FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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. <i>See</i> Instruction 1(b).
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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

1. Name and Address of Reporting Person* BJERKHOLT ERIC					2. Issuer Name and Ticker or Trading Symbol CalciMedica, Inc. [CALC]									(Cł	Relationsh leck all ap X Diree	. ,	ing Pei	rson(s) to I 10% Ov	
(Last)	(Fi	rst) (M	3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023											er (give title		Other (s below)			
C/O CALCIMEDICA, INC. 505 COAST S. BLVD, #202					4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) LA JOLLA CA 92037															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						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	I - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed o	f, or	Ber	neficia	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execu if any	eemed ution Date, , th/Day/Year)					ies Acquired (A) Of (D) (Instr. 3,				icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	r Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) P		Price	Repor Trans	Reported Transaction(s) (Instr. 3 and 4)		.,	
Common Stock 05/18/2					2023				Р		1		A	\$2.65		2,730		D	
Common Stock 05/1					/2023				Р		199		A	\$2.6	5 2	2,929		D	
		Tab		Derivati (e.g., pu												ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	Transaction N Code (Instr. o 8) D A (/ D (I		5. Numb of Deriv Secur Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Exercisable Expiration Date (Month/Day/Year)		te	and 7. Title ar Amount of Securitie: Underlyin Derivativ Security (Instr. 3 a		of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	y I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Remarks:

By John Dunn, Attorney-in- 05/2

Number

Shares

Title

05/22/2023

** 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.

Code

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.

Date

Exercisable

(A) (D)

Expiration

Fact

Date