FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-									
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

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1. Name and Address of Reporting Person* <u>Leheny A. Rachel</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol CalciMedica, Inc. [ CALC ]								5. Relationship of Reporting Person (Check all applicable) $ \begin{array}{ccc} X & \text{Director} & X \end{array} $					ssuer vner
(Last)	(Lact) (Eirct) (Middle) I					3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023								X	belov	er (give title v) Chief Exec		Other (s below) e Officer	specify
505 COAST S. BLVD. #202					4. If Amendment, Date of Original Filed (Month/Day/Year) 05/18/2023								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) LA JOLLA CA 92037			,										X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(St		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.											ended to						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					Execution Date,			Transaction Disposed Of Code (Instr. 5)			s Acquired (A) or of (D) (Instr. 3, 4 ar		and Securit Benefic Owned Followi		ities Ficially (I d Ir ving (I		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 05/16/202						)23			P		1,000	A	\$2.69	€ 1,0		1,000			By Spouse
		Tab	le II	- Derivativ (e.g., pu							osed of, convertib				Owne	ed			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

1. The weighted average purchase price for the transaction reported was \$2.698, and the range of prices were between \$2.68 and \$2.70. Upon request by the SEC staff, the Issuer, or any security holder of the Issuer, full information regarding the number of shares purchased at each separate price will be provided.

## Remarks

On May 18, 2023, the reporting person filed a Form 4 which inadvertently omitted the purchase of shares of the Issuer's Common Stock by her spouse which is reported in this amendment.

By John Dunn, Attorney-in-Fact

06/05/2023

\*\* Signature of Reporting Person

Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.