FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Instruct | 1011 10. | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---------|--|--|---|-----|--|-------------------|--|---|----------------|--|--|----------|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* MIDDLETON FRED A | | | | | | 2. Issuer Name and Ticker or Trading Symbol CalciMedica, Inc. [CALC] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| WIIDDLE IUN FRED A | | | | | | | | | | - | | | | Director | or | V | 10% Ov | /ner | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | \dashv | Officer below) | (give title | | Other (s below) | pecify | |
| C/O CALCIMEDICA, INC. | | | | | | 08/27/2024 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 505 COAST BLVD. S. #307 | | | | | 4. It | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | Form filed by One Reporting Person | | | | | |
| LA JOLI | LLA CA | | 92037 | | | | | | | | | | ' | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | es Form ally (D) o following (I) (In | | : Direct | 7. Nature of Indirect | |
| (Mont | | | | | ay/Ye | | | | Code (Ins | | | | | str. 4) C | | | Beneficial Ownership | | |
| | | | | | | | | | Code V | Amou | nt | (A) or (D) Price | | | rted saction(s) . 3 and 4) | | | (Instr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | l | | | | |
| (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, T | 4. Transactio Code (Inst) 8) | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | of Securities Underlying Derivative Secu (Instr. 3 and 4) | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | | | | Amount or | | | | | | |
| | | | | | | | | | | <u> </u> | | | Number | | | | | | |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | Expiratio Date | Title | • | of Shares | | | | | | |
| Director Stock Option (Right to Buy) | \$4.16 | 08/27/2024 | | | A | | 10,000 | | (1) | 08/26/203 | | nmon ock | 10,000 | \$0 | 10,000 | 0 | D | | |

Explanation of Responses:

1. 1/12th of the shares subject to the option vest in equal monthly installments over a one year period following March 28, 2024.

/s/ John Dunn, Attorney-in-Fact 08/28/2024

** Signature of Reporting Person Date

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

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.

^{*} 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).