FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049	

OIVIB APPROVAL									
OMB Number:	3235-0287								
Estimated average but	urden								
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).

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																		
1. Name and Address of Reporting Person* WILSON ROBERT N					2. Issuer Name <b>and</b> Ticker or Trading Symbol CalciMedica, Inc. [ CALC ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
WILSON ROBERT N						[								V	✓ Director			10% Ov	ner	
(Last) (First) (Middle) C/O CALCIMEDICA, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024									Officer (give title Other (sp below) below)					
	1																			
505 COAST BLVD. S. #307						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					1											filed by On	e Reporti	ina Perso	on	
LA JOLI	LA CA	9.	2037		1									"	Form filed by More than One Reporting					
															Perso					
(City)	(Sta	ate) (Z	<u>Z</u> ip)																	
		Table	I - Noı	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)					Securit Benefic Owned	Securities I Beneficially		Direct of direct I	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount (A) (D)		or F	Price	Transaction(s) (Instr. 3 and 4)				ilisti. 4)		
Common Stock 11/01/2						2024			Р 53,333		I	4	\$3.75	41	417,529					
		Tal									osed of,				Owne	d				
				(e.g., pu	its, ca	alis, V	warra	ants,	optioi	ns, c	onvertib	ie se	curit	ies)						
1. Title of Derivative Security (Instr. 3)			Transa Code (	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 (Ins 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code			Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber							

**Explanation of Responses:** 

/s/ John Dunn, Esq., Attorney-11/01/2024 in-Fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.