FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|--------------------|-----------|
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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

| | tion 10. | | | | T | | | | | _ | | | | | | | | | | | |
|--|---|--|---|---------|---------------------------------------|---|---|-------|--|----------|--------------------|------------------------------------|--|---|---|---|------|--|---|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol CalciMedica, Inc. [CALC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| WILSON ROBERT N | | | | | | 41011 | · · · · · · · · · · · · · · · · · · · | , 111 | <u>o.</u> [e/iib | | | | | 1 | Directo | r | | 10% Ov | ner | | |
| (Last) | .ast) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/27/2024 | | | | | | | Officer (give title Other (specify below) below) | | | | | | | |
| C/O CAI | LCIMEDIC | A, INC. | | | 100 | 12112 | 2024 | | | | | | | | | | | | | | |
| 505 COAST BLVD. S. #307 | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (0) | | | | | 1 | | , | | | | (| .,, | | ne) | | | | ` | | | |
| (Street) | IA C | Α. | 02027 | | | | | | | | | | | 1 | | , | | rting Persor | | | |
| LA JOLI | LA JOLLA CA 92037 | | | | | | | | | | | | | | | Form filed by More than Person | | | ting | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ativ | e Se | curities | s Ac | quired, E | isp | osed o | f, or Bei | neficia | lly C | Owned | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (Instr. 5) | | | | ıd | | es Fo ally (D) Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | | | Code | e V Amou | | t (A) or P | | Reporter Transact (Instr. 3 | | tion(s) | | | Instr. 4) | | |
| | | - | Table II - I | | | | | | uired, Dis | | | | | y Ov | vned | | | | | | |
| 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/Year) | | 4. Transactio Code (Insti 8) | | | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | of Securities | | ies g Security | De Se | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirec Beneficia Ownershi (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | er | | | | | | | |
| Director Stock Option (Right to Buy) | \$4.16 | 08/27/2024 | | | A | | 10,000 | | (1) | 0: | 8/26/2034 | Common Stock | 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.

 $^{^{\}star}$ 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).