FORM 4

UNITED STATES

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

SECURITIES AND EXCH	ANGE COMMISSION
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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

IIISIIUC	1011 10.																
1. Name and Address of Reporting Person* Leheny A. Rachel				2.	2. Issuer Name and Ticker or Trading Symbol CalciMedica, Inc. [CALC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Leneny	A. Kacii	<u>ei</u>					,		,			Directo	r	√ 10°	% Owi	ner	
-				— ∟									(give title		ner (sp	ecify	
(Last)	(F	irst)	(Middle)				Trans	action (Mon	th/Day/Year)		'	— below)			ow)		
C/O CALCIMEDICA, INC.					08/27/2024						CHIEF EXECUTIVE OFFICER						
505 COA	AST BLVD.	S. #307															
				4	. If Ame	endment. [Date o	of Original Fi	ed (Month/D	av/Year)	6. Ir	dividual or J	oint/Group Fi	ilina (Chec	k Appl	icable	
(Street)				"	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)						
LA JOLI	LA C	A	92037									▼ Form filed by One Reporting Person					
				I									Form filed by More than One Reporting				
(City)	(9	tate)	(Zip)									Person					
(Oity)			(219)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of	Security (Inst	tr. 3)		Transaction	on	2A. Deeme		3.		ities Acquir		5. Amour		. Ownershi		. Nature of	
Date (Month/Da					ay/Year) Execution Date, if any (Month/Day/Yea		e, Transaction Disposed Of (D) (Instr. 3, 4			str. 3, 4 and	5) Securities Beneficia		orm: Direct D) or Indire		ndirect eneficial		
										Owned F	ollowing (l) (Instr. 4)	0	Ownership Instr. 4)			
							Code	Code V Amount (A) or		r Price	Transacti	on(s)		"	1150. 4)		
					Code V Amount (D)				1	(Instr. 3 a	nd 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			(e.	.g., puts	s, cal	ls, warr	ants	, options	, convert	ble secu	urities)						
1. Title of	2.	3. Transaction	3A. Deemed	4.		Derivative		6. Date Exercisable and 7. Title and Amo				9. Number of derivative Securities			11. Nature of Indirect Beneficial		
Derivative Security	Conversion or Exercise		Execution Date	, Transa				Expiration Date of Securities (Month/Day/Year) Underlying			ıg		Derivative Security	Owne Form:			
(Instr. 3) Price of Derivative Security (Month/Day/Year) 8)			ar) 8)	Acquired (A) or Disposed		Derivative Secur (Instr. 3 and 4)				(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
				of (D) (Instr.					iiu 4)		Following	ng (I) (Instr. 4		(111501.4)			
				3, 4 and 5)							Reported Transaction	n(s)					
											Amount		(Instr. 4)				
					l _v	 	_	Date	Expiration		Number						
				Code	\ <u>'</u>	(A)	(D)	Exercisable	Date	Title	of Shares		-	-			
Employee Stock																	
Option	\$4.16	08/27/2024		Α		115,000		(1)	08/26/2034	Common Stock	115,000	\$ <mark>0</mark>	115,000	Г			
(Right to Buy)																	

Explanation of Responses:

1. 1/48th of the shares subject to the option vest in equal monthly installments over a four year period following March 28, 2024.

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

** Signature of Reporting Person

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.

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.