FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response	e: 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(b) of the Investment Company Act of 1940

							• • •				Inpany Act	2. 20-10							
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)						
<u>Leheny A. Rachel</u>								-,						X	Direc	tor	X	10% O\	wner
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)								X	Office	er (give title v)		Other (: below)	specify	
C/O CALCIMEDICA, INC.				06/08/2023									Chief Executive Officer						
505 COAST S. BLVD. #202				4. If Amendment, Date of Original Filed (Month/Day/Year) 06/09/2023							, I	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Ctroot)					00/03	00/03/2023								X Form filed by One Reporting Person					
1	(Street) LA JOLLA CA 92037												Form filed by More than One Reporting Person					orting	
(City) (State) (Zip)					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.													
		Table	I - N	on-Deriva	tive Se	ecui	rities	Aco	quired	, Dis	sposed o	f, or E	Benefic	ially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution Dat		_ `	Transaction Dispos Code (Instr. 5)				red (A) or str. 3, 4 a	and Secur Benef Owner Follow		cially 1	Forn (D) o	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	e ∣Tr		orted nsaction(s) tr. 3 and 4)			
Common Stock 06/08/202)23				P		1,000	A	\$5.22	9,000		,000	D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
				(e.g., pu	ts, cai	ıs, v	varra	ants,	optio	ns,	convertin	ne se	curitie	s)					
1. Title of Derivative Security (Instr. 3)	ve Conversion Date / Or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)							7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. The weighted average purchase price for the transaction reported was \$5.225, and the range of prices were between \$5.20 and \$5.25. 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 June 9, 2023, the reporting person filed a Form 4 which incorrectly stated a total of 928 shares were purchased on June 8, 2023. A total of 1,000 shares were purchased by the reporting person on June 8, 2023 as stated in this amendment.

By John Dunn, Attorney-in-

06/15/2023

<u>Fact</u>

** Signature of Reporting Person Date

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.