SEC For) OT 4								-						
	FORM 4	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL			
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 OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									HIP	Estim	OMB Number: 32 Estimated average burden hours per response:			
1. Name and Address of Reporting Person [*] Guerard Frederic					2. Issuer Name and Ticker or Trading Symbol <u>CalciMedica, Inc.</u> [CALC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Fir	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024								(give title		Other (below)	specify	
C/O CALCIMEDICA, INC. 505 COAST S. BLVD, #202					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	92037			Form filed Person									d by More than One Reporting					
(City)	(Sta	Chec	10b5-1(c) the this box to ind fy the affirmative	icate that a	a transa	ction was n	nade p	oursuant			n or written	plan tha	at is intende	d to				
		Tab	le I - Nor	n-Deriv	ative Se	curities Ac	quired	, Dis	oosed o	of, o	r Bene	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Trans. Date (Month/D					Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr 5) Amount (A) or (D)		D) (Instr. (A) or	(A) or 3, 4 and Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
		٦				urities Acq s, warrants							Owned					
1. Title of Derivative Security (Instr. 3)	Conversion	rcise (Month/Day/Year) if any f tive (Month/Day/Year)			4. Transaction Code (Instr. 8)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	s Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		

			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Director Stock Option (Right to Buy)	\$4.16	03/28/2024	А		10,000		(1)	03/27/2034	Common Stock	10,000	\$0	10,000	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 the date of grant.

/s/ John Dunn, Attorney-in-Fact 04/22/2024

** 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.