SEC For	rm 4															
FORM 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 OWN Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940							HIP	Estima	OMB Number: 3235-028 Estimated average burden hours per response: 0.				
1. Name and Address of Reporting Person [*] Shaw Allan					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)		,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024						Officer below)	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) LA JOLLA CA			92037								Form filed by More than One Reporting Person					
(City)	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.											
		Tab	le I - Nor	n-Deriv	ative Se	curities Ac	quired, Dis	posed c	of, or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Tran: Date (Month				Day/Year)	Execution Date,		4. Securities Acqu Disposed Of (D) (II 5) Amount (A) (D)			5. Amour Securitie Beneficia Owned F Reporteo Transact (Instr. 3 a	s ally ollowing I ion(s)	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Exect urity or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date, Transaction Code (Instr.		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)		of Securities Underlying		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	

Amount or Number

Shares

10,000

** Signature of Reporting Person

\$<mark>0</mark>

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

10,000

Date

D

of

Title

Common Stock

Expiration Date

03/27/2034

Date

Exercisable

(1)

(D)

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).

03/28/2024

Director Stock Option (Right to Buy)

\$4.16

Explanation of Responses:

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

v

(A)

10,000

Code

A

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.