FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

hours per response:

0.5

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person*     Dupont Jakob				2. Issuer Name and Ticker or Trading Symbol Pyxis Oncology, Inc. [ PYXS ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2024									Λ		er (give title		Other (below)			
C/O PYXIS ONCOLOGY, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
321 HARRISON AVENUE, 11TH FL. SUITE 1														X Form filed by One Reporting Person						
(Street) BOSTO	N M	<b>A</b> 0	2118												Form Perso	filed by Mo on	re tha	n One Rep	orting	
(City)	(St	ate) (Z	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 - No	n-Deriva	tive S	Secui	ities	Acq	uired,	Dis	posed of	, or B	enefi	cially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		Date,			es Acquired (A) o Of (D) (Instr. 3, 4 a					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pri	се	Transa	ction(s) 3 and 4)			(111511.4)	
Common Stock 03/26/2					024 A 38,741 <sup>(1)</sup> A		1	\$ <mark>0</mark>	38,741			D								
		Tal									osed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)			ion Date,	4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Page 1			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of		Dei Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)			

## Explanation of Responses:

1. Represents restricted stock units that vest 100% on the first anniversary of the grant date, subject to the reporting person's continued service through the applicable vesting date.

/s/ Pamela Connealy,

Attorney-in-Fact for Jakob 03/28/2024

<u>Dupont</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.