FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

	tion 1(b).			File	d nur	trent	to Section	16/2) of the Sec	uritio	e Evchan	ae Act of 1	034			liouis	per res	sponse.	0.5	
mando	uon nu).			riie					Investment				904							
Name and Address of Reporting Person* Civils Thomas					2. Issuer Name and Ticker or Trading Symbol Pyxis Oncology, Inc. [PYXS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Civik Thomas</u>				-	Tykis Officiology, me. [1178]						_	X	Director			10% Ov	10% Owner			
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/26/2024									Officer below)	(give title		Other (s below)	pecify	
C/O PYXIS ONCOLOGY, INC.				4 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable							
321 HARRISON AVENUE, 11TH FL. SUITE 1					and an analytical)							Lir	ne)	e)						
,														X	, , ,					
(Street) BOSTON MA 02118													Form filed by More than One Reporting Person					ting		
	1 1 1 1		02110		Ri	ule	10b5-	1(c)	Transa	ctio	on Ind	ication								
(City)	(S	tate)	(Zip)					` ,												
						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	ole I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired, D)isp	osed o	f, or Be	neficia	lly (Owned					
1. Title of S	Security (Inst	tr. 3)		2. Trans	action	ction 2A. Deemed			3. 4.			urities Acquired (A)				mount of 6		. Ownership	7. Nature	
Date					nth/Day/Year)		Execution if any (Month/Da	,	Code (In		Disposed 5)	i Of (D) (Ins	str. 3, 4 an	d	Securities Beneficially Owned Followin		(D) o	or Indirect nstr. 4)	of Indirect Beneficial Ownership	
									Code	,	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
		-	Table II -						,	•	,			y Ov	wned					
			,	(e.g., p	uts,	call	s, warr	ants	, options	i, co	onvertii	DIE SECL	irities)							
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if a			3A. Deemed Execution I if any (Month/Day	Date, T	ransaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$3.83	03/26/2024			A		44,024		(1)	03	3/26/2034	Common Stock	44,024		\$3.83	44,024	4	D		

Explanation of Responses:

1. The shares subject to this option will 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-03/28/2024 in-Fact for Thomas Civik

** 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.