## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Instruc	ction 1(b).			Filed							rities Exchang company Act o			34		<u> </u>				
							ssuer Name <b>and</b> Ticker or Trading Symbol vxis Oncology, Inc. [ PYXS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner					
(Last) (First) (Middle) L							3. Date of Earliest Transaction (Month/Day/Year) 03/17/2023								Officer (give title Other (specify below) below)					
						4. If Amendment, Date of Original Filed (Month/Day/Year) 03/21/2023									6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person					
(City)																				
1 Tido of	Consumity (Inco		I - N			Secu 2A. De		Acqu	ire	d, Di	sposed of					ed ount of	ا د م	was la	7. Nature	
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					Year)	Execution Date,		, Tra	Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				Securi Benefi	ties cially I Following	Form: Direct		of Indirect Beneficial Ownership (Instr. 4)	
								Co	de	v	Amount	(A (1	A) or D)	Price	Transa	action(s) 3 and 4)			,	
Common Stock, \$0.001 par value per share 03/17/2023									P		1,811,594(1	1) A \$2.		\$2.76	5,9	5,952,263		D		
		Та	ble II								posed of, convertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr.: and 5)	tive (I ties ed	Expiration I (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi t (Instr. 4)	
						de V (A) (D			Date Exercisable		Expiration Date	Amor or Numl of Share		mber						
1. Name a		Reporting Person*																		
(Last) (First) (Middle) 66 HUDSON BOULEVARD EAST						_														
(Street) NEW YORK NY 10001-2192																				
(City) (State) (Zip)				Zip)																
		Reporting Person*																		
(Last) (First) (Middle) 66 HUDSON BOULEVARD EAST																				

#### **Explanation of Responses:**

NY

(State)

1. The securities were issued under that certain first amendment dated March 16, 2023 to the Amended and Restated License Agreement dated October 14, 2022 between the Reporting Person and the Issuer, pursuant to which the Issuer agreed to issue to the Reporting Person such number of shares of common stock equivalent to \$5.0 million at a per share price equal to the closing price of the Issuer's common stock on the business day when the closing price of the Issuer's common stock on the Nasdaq Global Select Market is at or above \$2.46 per share on any day between March 16, 2023 and a date that is within 180 days following October 6, 2022.

2. On March 17, 2023, the closing price of the Issuer's common stock on the Nasdaq Global Select Market was \$2.76 per share.

10001-2192

(Zip)

## Remarks:

(Street) **NEW YORK** 

(City)

The only amendments made to the previously filed Form 4 are to add footnotes (1) and (2) in column (4).

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.