| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

I

| OMB Number: | 3235-0287 | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| Instruction 1(b). | continue. See | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 | hours per resp | oonse: 0.5 | | | |
|---|--|--------------------|---|---|-----------------|--|--|--|
| _(1). | | T lied | or Section 30(h) of the Investment Company Act of 1940 | | | | | |
| 1. Name and Address of Reporting Person* Yanchik Connealy Pamela | | | 2. Issuer Name and Ticker or Trading Symbol <u>Pyxis Oncology, Inc.</u> [PYXS] | 5. Relationship o (Check all applic Director X Officer (| able) | on(s) to Issuer 10% Owner Other (specify | | |
| (Last) C/O PYXIS ON 35 CAMBRIDG | (First) COLOGY, INC. EPARK DRIVE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022 | below) | ief Financial C | below) Officer | | |
| (Street) CAMBRIDGE MA 02140 (City) (State) (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | (4i4) | | | | | | |
| | Tab | ole I - Non-Deriva | tive Securities Acquired, Disposed of, or Benef | icially Owned | ł | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. | | 4. Securities A Disposed Of (| Acquired | (A) or | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|----------------------------------|---------------|-------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 03/31/2022 | | A | | 247,524 ⁽¹⁾ | A | \$ <mark>0</mark> | 247,524 | D | |

| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Deriv | unt of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents restricted stock units that vest over a four-year period, with 25% vesting on the first anniversary of the grant date, and the remaining 75% vesting in 12 substantially-equal quarterly installments thereafter, subject to the reporting person's continued employment through the applicable vesting date.

| <u>/s/ Pamela Connealy</u> | <u>04/04/2022</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.