Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, D.C. 20549	

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STATEMENT	OF	CHANGES	IN B	ENEFIC	CIAL	OWNE	RSHIP

OMB APPROVAL									
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Estimated average burden									
hours per response:	0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Cline Darren S</u>				2. Issuer Name and Ticker or Trading Symbol Pyxis Oncology, Inc. [ PYXS ]									ck all app	tor		10% Ov	ner		
(Last)	(F	First) (	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/24/2023									Office below	r (give title		Other (s below)	pecify	
C/O PYXIS ONCOLOGY, INC. 150 CAMBRIDGEPARK DRIVE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	i. Individual or Joint/Group Filing (Check Appline)  X Form filed by One Reporting Person			·		
(Street) CAMBRIDGE MA 02140				Dul	1- 40	N <sub>r</sub> C	4/->	T		4: l 1	4			Form Perso	filed by Mo	re than Oi	ne Repo	orting	
(City)	3)	State) (.	Zip)		$ _{\square}$	Check tl	his box	to indi	cate that	a trans	saction was mons of Rule 10	ade pui	rsuant			uction or writt	en plan tha	at is inter	ded to
Table I - Non-Deriva						ve Securities Acquired, Disposed of, or Beneficially Owned													
Date				2. Transac Date (Month/Da	Exec		Deemed cution Date, ly nth/Day/Year)		Transaction Disposed Code (Instr. 5)		Disposed O	es Acquired (A) Of (D) (Instr. 3, 4		A) or , 4 and	5. Amo Securit Benefic Owned Report	ies cially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership Instr. 4)
								Code	v	Amount	(A) (D)	or	Price	Transaction(s) (Instr. 3 and 4)				4)	
Common Stock			03/24/2	2023				A		139,355(1	l) A	4	\$0.00	21	6,186	D			
Table II - Derivativ (e.g., put											osed of, convertib				Owned	t			
Derivative Conversion Dat			Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da h/Day/Y		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		D Se (Ii	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Direct or Inc (I) (In	nership n: oct (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amo or Num of Shar	ber						

## **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.

## Remarks:

/s/ Pamela Connealy, Attorney-in-Fact for Darren S. 03/28/2023 Cline

\*\* 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.