

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
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>PFIZER INC</u> _____ (Last) (First) (Middle) 235 E 42ND ST _____ (Street) NEW YORK NY 10017 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/06/2022	3. Issuer Name and Ticker or Trading Symbol <u>Pyxis Oncology, Inc. [ PYXS ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) _____ 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.001 par value per share	4,140,669	D	
Common Stock, \$0.001 par value per share	1,080,507	I <sup>(1)</sup>	By Pfizer Ventures (US) LLC

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>PFIZER INC</u> _____ (Last) (First) (Middle) 235 E 42ND ST _____ (Street) NEW YORK NY 10017 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Pfizer Ventures (US) LLC</u> _____ (Last) (First) (Middle) 235 EAST 42ND STREET _____ (Street) NEW YORK NY 10017 _____ (City) (State) (Zip)		
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**Explanation of Responses:**

1. The shares are owned directly by Pfizer Ventures (US) LLC, which is a wholly owned subsidiary of Pfizer Inc.

/s/ Susan Grant, Assistant Secretary      10/13/2022

\*\* 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 5 (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.**