Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasiliigton,	D.C.	20549	

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

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* Connealy Pamela Ann					2. Issuer Name and Ticker or Trading Symbol Pyxis Oncology, Inc. [PYXS]									all app		ng Pei	10% Ov	vner	
(Last)	(Fir	,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/27/2023									X	belov	er (give title v) CFO ar	nd C	Other (s below)	specify
C/O PYXIS ONCOLOGY, INC. 321 HARRISON AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)						
(Street)	ON MA 02118												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)													contra	act. instri	uction or writt	en pla	n that is inter	nded to	
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. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N				n 2A. Deem Execution Year) if any		Deemed ecution Date, any		3. 4. Securities Disposed Of Code (Instr. 8)		Acquire	ed (A) or	5. A and 5) Sec Ben Owr		Amount of curities neficially rned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tra		eported ansaction(s) astr. 3 and 4)			(Instr. 4)	
Common	ommon Stock 09/27/20		09/27/20	23		P		6,426	A	\$1.846	468(1)		810,532		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)	Exec if an	Deemed ution Date, / uth/Day/Year)	Transaction Code (Instr. 8) Se Ac (A) Discontinuous of (Instr. 8)		of Deriv Secu Acqu (A) or Dispo	erivative courities cquired) or sposed (D) sstr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst. 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. Represents the weighted average purchase price of common stock purchased by the Reporting Person in open market transactions. The range of purchase prices on the transaction date was \$1.78 to \$1.87 per share. The Reporting Person hereby undertakes to provide upon request by the Securities and Exchange Commission staff, the Issuer or a security holder of the Issuer full information regarding the number of shares purchased at each price.

Remarks:

/s/ Pamela Connealy

09/27/2023

** Signature of Reporting Person

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.