FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
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| aoi iii igioi i, | D.O. | _00.0 | |

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Inchrication 4/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 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

| 1. Name and Address of Reporting Person* <u>HUMPHREY RACHEL</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Pyxis Oncology, Inc. [PYXS] | | | | | | | | ck all app | , | ng Pers | son(s) to Is | | | | |
|---|--|---------|-----------------|---|---|---|--|----------|--|--------|---|--|--|-------------------------------|--|--|--------------------|------------|--|
| (Last) | (Fir | st) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/26/2024 | | | | | | | | | Office below | er (give title | | Other (s below) | pecify | |
| C/O PYXIS ONCOLOGY, INC. 321 HARRISON AVENUE, 11TH FL. SUITE 1 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | |
| (Street) | N M | A 0 | 2118 | | | Form filed by More than One Reporting Person | | | | | | | | | orting | | | | |
| (City) | (Sta | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication 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. | | | | | | | | ided to | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I | | | | | | | ies cially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | Price | Report Transa (Instr. 3 | ed action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/26/ | | | 03/26/2 | 2024 | | Α | | 38,741(1 |) / | A | \$ <mark>0</mark> | 96 | 6,805 | | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. Derivative | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | De Se (In | Price of erivative ecurity astr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | 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.

/s/ Pamela Connealy,

Attorney-in-Fact for Rachel 03/28/2024

<u>Humphrey</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.