FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
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| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHANGE | S IN BENEFIC | IAL OWNERSHI | P |
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| OMB APPE | ROVAL | | | | |
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| hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* SHEPLER ROBERT G | | | | | 2. Issuer Name and Ticker or Trading Symbol Akoya Biosciences, Inc. [AKYA] | | | | | | | | ck all app | , | ng Per | rson(s) to Is | | | | |
|---|--|--|---------------------------------|-----------|--|---|---------|------------------------------------|---|------------|---|---|---|--|--|--|-----------------------------------|---|------------|--|
| (Last) | (Fir | st) (N | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024 | | | | | | | | | Office below | er (give title v) | | Other (s | specify | |
| 100 CAN | MPUS DRIV | RIVE, 6TH FLOOR 4. If Amendment, Date | | | | | Date o | of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicab Line) | | | | | | | |
| (Street) | on out out | 2.54 | 01550 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| MARLB | OROUGH | MA | 01752 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | nded to | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of, | or E | Benef | iciall | y Own | ed | | | | |
| | | | 2. Transac Date (Month/Da | Execution | | ution I | Date, | | | Disposed O | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | ties cially I Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | (A) or (D) Price | | | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 03/13/2 | /2024 | | | | G | | 369,592 | Ι |) { | S 0.00 | 0 | | | I | By Robert G. Shepler Separate Property Trust of 2008 | | |
| Common Stock 03/13/2024 | | 2024 | 24 | | G | | 369,592 | A | A § | 80.00 | 369,592 | | | I | By RGS Gift Trust ⁽¹⁾ | | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date, Trans. | | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | tr. | Price of privative curity sstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. The Trustee of the RGS Gift Trust is the domestic partner of Mr. Shepler. Mr. Shepler disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Mr. Shepler is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

/s/ Robert G. Shepler, by Brian

McKelligon, as Attorney-in-03/14/2024

Fact

** 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.