FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasinigtori,	D.O.	20040	

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(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* McKelligon Brian					Akoya Biosciences, Inc. [AKYA]								heck all appl Direct	,		son(s) to Iss 10% Ov Other (s	vner		
(Last) (First) (Middle) 100 CAMPUS DRIVE, 6TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 09/07/2022								X Officer (give title Other (specify below) President/CEO					
(Street) MARLBOROUGH MA 01762 (City) (State) (Zip)					_ 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	on-Deri	vative	Sec	urit	ies Ac	quirec	d, Di	isposed o	of, or Be	eneficia	Ily Owne	d				
1. Title of Security (Instr. 3)			2. Transa Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		I (A) or . 3, 4 and 5	Benefic	es Fo ially (D) Following (I)		n: Direct 0 r Indirect I nstr. 4) (7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Transa	ction(s) and 4)			(Instr. 4)		
Common Stock 09/				09/07/	2022	022		M		5,000	A	\$0.30	3 8:	5,000		D			
Common Stock 09/07/				2022	022		S ⁽¹⁾		5,000	D	\$12.834	4 ⁽²⁾ 80),000	0 D					
		T	able II								posed of converti			y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (Right to	\$0.303	09/07/2022			M			5,000	(3)		11/09/2027	Common Stock	5,000	\$0.00	343,129	9	D		

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Brian M. McKelligon dated May 16, 2022.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at pri ces ranging from \$12.12 to \$12.99, inclusive. The reporting person undertakes to provide to Akoya Biosciences, Inc., any security holder of Akoya Biosciences, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth.
- 3. The option, representing a right to purchase a total of 353,129 shares, became exercisable as follows: one -fourth of the shares vested on July 14, 2018 with the remaining shares vesting in 36 equal monthly installments beginning on July 14, 2018, subject to reporting person's continuous employment.

/s/ Brian McKelligon

09/09/2022

** 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 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.