FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
-------------	------	-------

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

Name and Address of Reporting Person*  Kamocsay Jennifer					<u>Al</u>	2. Issuer Name and Ticker or Trading Symbol Akoya Biosciences, Inc. [ AKYA ]								eck all appli Directo V Officer	ationship of Reporting Per k all applicable) Director Officer (give title below) General Cou		10% Ow Other (s	ner
(Last) (First) (Middle) 100 CAMPUS DRIVE, 6TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 03/20/2023								helow)			below) Counsel	
(Street) MARLBOROUGH MA 01762				- 4. l' -	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 Form filed by More than One Reporting Person					
(City) (State) (Zip)				Rı	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.													
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficial	y Owned	l			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date		Date,	Transaction Dis		4. Securit Disposed	Securities Acquired (A) oposed Of (D) (Instr. 3, 4		Benefici	es For ally (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(111511. 4)	
Common Stock 03/20/2				0/2023	/2023		A		37,500	500 <sup>(1)</sup> A \$0		(2) 37	37,500		D			
		7	Table II -								osed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactic Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)		9	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (Right to	\$7.6	03/20/2023			A		75,000		(3)		03/20/2033	Common Stock	75,000	\$0.00	75,000	)	D	

## **Explanation of Responses:**

- 1. The restricted stock units shall vest in four (4) equal annual installments beginning on March 1, 2024, and annually thereafter until fully vested.
- 2. Each restricted stock unit represents a contingent right to receive one share of Akoya Biosciences, Inc. common stock
- 3. The options shall vest as follows: twenty-five percent (25%) shall vest on February 27, 2024 with the remainder vesting in 36 equal monthly installments beginning on March 27, 2024.

/s/ Jennifer Kamocsay, by Brian

McKelligon, as Attorney-in-03/21/2023

**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.