FORM 4

Check this box if no longer subject

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

Washington, [	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL							
OMB Number: 3235-0								
Estimated average burden								
hours per respons	e: 0.5							

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Akoya Biosciences, Inc. [ AKYA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Nolan Garry Ph.D.					[ May a Diosciences, me. [ Main ]								X	X Director			10% Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2022									Office	er (give title		Other (below)	specify
100 CAMPUS DRIVE,6TH FLOOR				4 16	A If Assess descrit Date of Original Filed (Marsh/D. 24)								C. Individual on InightCrown Filips (Chook Assets					
(Street)				.   4. IT	4. If Amendment, Date of Original Filed (Month/Day/Year)							′ I	Individual or Joint/Group Filing (Check Applicable Line)					
l ` ′	OROUGH	MA	01762										X	Form filed by One Reporting Person				
WARLBOROUGH WA 01/02													Form filed by More than One Reporting Person					
(City)	(Sta	ate) (2	Zip)											1 0130	) i i			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			ear) E	Execution Date,		T	3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr.			d (A) or r. 3, 4 and	d 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							G	ode	v	Amount (A) o		Price	Transa		action(s) 3 and 4)		,	(111501. 4)
Common Stock 09/14/2022				22			S		8,305	D	\$13.25	2552(1)		622,788		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)	rivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any Co			Trans Code	ransaction of ode (Instr. Derivative		itive ities red sed	Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ F	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exer	e rcisabl	Expiration e Date	n Title	Amoun or Numbe of Shares	r					

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$13.25 to \$13.36, 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.

> /s/ Garry Nolan, by Brian McKelligon, as Attorney-in-

Fact

\*\* Signature of Reporting Person Date

09/16/2022

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.