SEC	Form 4	
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## 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

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	Table II	Dorivativo Sc	curities Acqu	irod [	lion	asod of or	Bonof		wnod			
Common Stock		03/01/2024		F		2,049 <sup>(3)</sup>	D	\$6.03	103,506	D		
Common Stock		03/01/2024		F		8,195	D	\$6.03	231,868	D		
Common Stock		02/22/2024		A		87,500(1)	Α	<b>\$0.00</b> <sup>(2)</sup>	240,063	D		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities A Disposed Of (			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)	
1	Fable I - Non	1-Derivative S	Securities Acq	uired,	Dis	posed of, c	or Ben	eficially	Owned			
			neck this box to indica e affirmative defense of						instruction or written p	an that is intended	to satisfy	
(City) (State)	(Zip)	Rule	Rule 10b5-1(c) Transaction Indication									
	01702								Form filed by Mor Person	e than One Repo	orting	
(Street) MARLBOROUGH MA	01752							Line)	Form filed by One	Reporting Perso	on	
		4. If Ar	nendment, Date of	Original	Filed	(Month/Day/Ye	ear)		vidual or Joint/Group	Filing (Check Ap	oplicable	
(Last) (First) (Middle) 100 CAMPUS DRIVE, 6TH FLOOR		02/22	/2024					President and CEO				
(Last) (First)	3. Date	e of Earliest Transa	ction (M	onth/E	Day/Year)	x	Officer (give title below)	Other below	(specify )			
McKelligon Brian		ya Bioscience	<u>s, m</u>	<u>. [</u> A		X	Director	10% C	Dwner			
1. Name and Address of Reporting Person*			er Name and Ticke					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y	ite	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	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Employee Stock Option (Right to Buy)	\$5.35	02/22/2024		А		175,000		(4)	02/22/2034	Common Stock	175,000	\$0.00	175,000	D	

Explanation of Responses:

1. The restricted stock units shall vest in four (4) equal annual installments beginning on March 1, 2025, 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. Represents shares withheld to cover taxes on a restricted stock unit award previously granted February 23, 2023, which vest in four (4) equal annual installments beginning on March 1, 2024, and annually thereafter until fully vested.

4. The options shall vest as follows: twenty-five percent (25%) shall vest on February 22, 2025 with the remainder vesting in 36 equal monthly installments beginning on March 22, 2025.

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/s/ Brian McKelligon	03/01/2024
** Signature of Reporting Person	Date

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

 $^{\ast}$  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.

Reporting Person