FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	5)													
1. Name and Address of Reporting Person * Gottschalk Emily				2. Issuer Name and Ticker or Trading Symbol Anixa Biosciences Inc [ANIX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O ANIXA BIOSCIENCES, INC., 3150 ALMADEN EXPRESSWAY, SUITE 250				3. Date of Earliest Transaction (Month/Day/Year) 04/23/2021						Office	r (give title belo	ow)	Other (specify b	elow)	
(Street) SAN JOSE,, CA 95118				4. If Amendment, Date Original Filed(Month/Day/Year)					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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		e, if Co	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)		Ownership Form:	Beneficial		
				(Month/Day/Ye		Code	V .	Amoun	(A) or (D)	Price	or Inc		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		04/23/2021			P		10,000		\$ 4.49	25,600			D	
				Derivative Secu		Acquire	the fo	orm dis	splays a o	currei eficial	ntly valid	OMB con	spond unle trol numbe		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		on 3A. Deemed Execution Date any	Year) (Instr. 8)		5. 6. Number an		Date Exercisable and Expiration Date Month/Day/Year)		7. Ti Amo Und Secu	itle and ount of erlying urities tr. 3 and	Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	Beneficia Ownersh (Instr. 4)
				1							Amount				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Gottschalk Emily C/O ANIXA BIOSCIENCES, INC. 3150 ALMADEN EXPRESSWAY, SUITE 250 SAN JOSE,, CA 95118	X					

Signatures

/s/ Emily Gottschalk	04/23/2021
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.