

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL				
OMB	3235-			
Number:	0104			
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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

(Print or Type Responses)							
1. Name and Address of Reporting Person * Cavalier David	2. Date of Even Statement (Month/Day/Ye			3. Issuer Name and Ticker or Trading Symbol Anixa Biosciences Inc [ANIX]			
(Last) (First) (Middle 3150 ALMADEN EXPRESSWAY, SUITE 250	09/27/2018			p of Reporting ssuer all applicable)	Filed(M	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) SAN JOSE, CA 95118			X Director Officer (giv title below)	re10% O Other (below)	6. Indiv Filing(C _X_ Form	idual or Joint/Group Check Applicable Line) filed by One Reporting Person filed by More than One Reporting	
(City) (State) (Zip)	Т	able I	- Non-Derivati	ve Securitie	s Beneficiall	y Owned	
1.Title of Security (Instr. 4)	В	2. Amount of Securitie Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock	0			D			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) 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 control number.							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) 2. Date Exercisab and Expiration Date (Month/Day/Year)		3. Tit Secur	tle and Amount of rities Underlying vative Security	of 4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expiration Exercisable Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		
Donouting Oxynous							

Reporting Owners

Reporting Owner Name / Address	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Cavalier David				
3150 ALMADEN EXPRESSWAY	X			
SUITE 250				
SAN JOSE, CA 95118				

Signatures

/s/ David Cavalier	10/01/2018
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.