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

	pe Response													
Name and Address of Reporting Person* Cavalier David			2. Issuer Name and Ticker or Trading Symbol Anixa Biosciences Inc [ANIX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) 3150 ALMADEN EXPRESSWAY, SUITE 250			3. Date of Earliest Transaction (Month/Day/Year) 04/29/2019						Office	r (give title belo	ow)	Other (specify b	elow)	
(Street)			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						
SAN JOS (City	SE, CA 95	(State)	(Zip)	т	phle I - N	n-Dor	ivativa '	Sacurities	Acqui	irad Dien	nsed of or I	Ranaficially	Owned	
1.Title of Security (Instr. 3)		I	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Trans Code (Instr. 8	action			uired of (D)	5. Amoun Beneficia Reported	not of Securities ally Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				(Month/Day/Year	Code	V	Amour	mount (A) or (D) Pr		(Instr. 3 a				
Common	Stock	(04/29/2019		P		2,000	A	\$ 4.21	2,000			D	
Reminder:	Report on a s	separate line for	each class of secur	ities beneficially or	wned dire	Pers	ons wh	no respo			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for	Table II - I	Derivative Securit	ies Acqui	Pers cont the f	ons what in the constant in th	no responding this for splays a	m are curre eficial	not requesting ntly valid	uired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security	•	3. Transaction	Table II - I (3A. Deemed Execution Date any	Derivative Securite.g., puts, calls, was ten if Transaction Code (Instr. 8)	ies Acqui arrants, o	Pers cont the f	ons what in the constant in th	no responding this for splays a of, or Bentible securcisable on Date	eficial rities) 7. Ti Amo Und Secu	not requesting ntly valid	OMB conf	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natur of Indire Benefici (Instr. 4)

Reporting Owners

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

Signatures

/s/ David Cavalier	04/29/2019
***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.