FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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 | · · | | | | | | | | | | | | | |
|---|----------------------|---------------------|--|--|--|----------------------------------|--|---|--|---|---|--|------------|--|--|
| 1. Name and Address of Reporting Person* Baskies Arnold M | | | 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) 03/06/2020 | | | | | - | Office | r (give title belo | ow) | Other (specify | pelow) | | |
| (Street) SAN JOSE, CA 95118 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) 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 | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | D | Transaction late Month/Day/Year) | 2A. Deemed Execution Date any | e, if | 3. Transa Code (Instr. 8) | (A) | n 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) | | f (D) Benefici Reported | | unt of Securities ially Owned Following d Transaction(s) | | Ownership Form: | Beneficial |
| | | | | (Month/Day/Yo | ear) | Code | V An | Amount (A) or (D) | | Price | (Instr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Common Stock 03/0 | | 3/06/2020 | | P 10,000 A \$ 2.71 31,000 | | | D | | | | | | | |
| Reminder: | Report on a s | separate line for e | ach class of secur | ities beneficially | y own | | • | • | respon | d to t | he collec | ction of inf | ormation | SEC | 1474 (9-02) |
| Reminder: | Report on a s | separate line for e | Table II - I | Derivative Secu | ırities | s Acquire | Persons containe the form | s who ed in t n disp | this formulays a constant, or Bene | m are curren | not requ tly valid | ction of inf uired to res OMB conf | spond unle | ess | 1474 (9-02) |
| 1. Title of Derivative Security | • | 3. Transaction | Table II - I (a 3A. Deemed Execution Data an) | | 5. on No of Do See Add (A Do of (In | s Acquire rants, op Jumber | Persons contained the form ed, Dispo tions, con 6. Date I and Exp (Month/ | s who ed in to n display sed of, nvertib | this formulays a constant of the secure sable Date | eficially ities) 7. Tit Amo Unde Secure | not required the valid y Owned the and unt of orlying | OMB conf | spond unle | of 10. Owners Form of Derivat Security Direct (or Indir | 11. Natu of Indire Benefici Ownersh (Instr. 4) |

Reporting Owners

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

Signatures

| /s/ Arnold M. Baskies | 03/10/2020 |
|---------------------------------|------------|
| **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.