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

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

1. Name and Address of Reporting Person* Simon Anthony R						2. Issuer Name and Ticker or Trading Symbol PIXELWORKS, INC [ PXLW ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/31/2008									X Offic below	er (give title	below)		(specify			
8100 SV	V NYBERG	RD.														VP, M	arketi	ng			
(Street) TUALATIN OR 97062  (City) (State) (Zip)					- 4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)										ı filed by One	up Filing (Check Applicable ne Reporting Person ore than One Reporting		son		
		Tab	le I - N	lon-Deri	vative	Sec	uriti	es A	cquired, [	Disp	osed	of, or I	Bene	ficia	ally Owne	ed					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Exe if a	Deemecution	n Date	Code (In	Transaction Dispose Code (Instr. and 5)					Secur	icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						L			Code	v	Amoui	nt (A	) or )	Price	Trans	action(s) 3 and 4)					
Commor	Stock			07/31/			7/31/				94		A	\$1.		4,276		D			
		Ta	able II						լuired, Dis s, options						y Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,		Transaction Code (Instr.		vative urities uired or osed 0) r. 3, d 5)	Expiration [	6. Date Exercisable an Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di (I) (4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amo or Nun of Sha								
Non- Qualified Stock Option (right to buy)	\$2.28								(1)	02/	28/2018	Commor Stock	16,	666		16,666		D			
Non- Qualified Stock Option (right to buy)	\$7.47								(1)	12/0	04/2016	Commor Stock	33,	333		33,333		D			
Non- Qualified Stock Option (right to buy)	<b>\$</b> 13.95								(2)	02/0	08/2016	Commor Stock	5,0	000		5,000		D			
Non- Qualified Stock Option (right to buy)	\$23.07								(3)	08/3	22/2015	Commor Stock	20,	000		20,000		D			

## Explanation of Responses:

- 1. Becomes exercisable on a monthly basis over 3 years, commencing the last day of the month of the date of grant.
- 2. The options become exercisable on a monthly basis at a rate of 10% in year 1, 20% in year 2, 30% in year 3 and 40% in year 4, which commences on the last day of the month the option is granted.
- 3. 25% vest on the last day of the month of the first anniversary of the date of grant, with the remaining 75% vesting ratably on a monthly basis thereafter over three years.

By: Shelley Hilderbrand For: Anthony R Simon 08/04/2008

\*\* Signature of Reporting Person Date

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

- \* 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.