FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person*  Monello Brett A			. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol PIXELWORKS INC [ PXLW ]					
(Last) 8100 SW NYI (Street) TUALATIN (City)	(First) BERG RD.  OR (State)	(Middle) 97062 (Zip)	11/12/2004		4. Relationship of Reporting Pers (Check all applicable)  Director  X Officer (give title below)  VP, Corp. Business December 2. December	10% Own Other (spe below)	ecify (M	onth/Day/Year) Individual or Joir plicable Line) X Form filed b Person	oate of Original Filed  ont/Group Filing (Check  oy One Reporting  oy More than One  derson	
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1-	2. Amount of Securities Geneficially Owned (Instr. 4) Geneficially Owned (Instr. 4) Geneficially Owned (Instr. 4) Geneficially Ownership Form: Direct (I) or Indirect (I) (Instr. 5)		t (D) (Ins	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversio or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

Brett A Monello 11/18/2004

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).