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	011 30(11) 01 11	ne Investment Company Act	01 1940				
1. Name and Address of Reporting Person* <u>Butler Dean Warren</u>	2. Date of E Requiring S (Month/Day 05/12/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol PIXELWORKS, INC [PXLW]					
(Last) (First) (Middle) 16760 SW UPPER BOONES FERRY ROAD			Relationship of Reporting Issuer (Check all applicable) X Director	Person(s) to 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 101	,		Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) PORTLAND OR 97224							d by More than One g Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				(i) (insti	. 5)			
Common Stock			30,000	(i) (instr				
			30,000 Securities Beneficia	Ily Own	ed			
		s, warran	Securities Beneficia	Illy Own	ed	5. sion Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Dean W. Butler

05/12/2022

** 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 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.

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.