FORM 4

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

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
l .									

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*  YAVORSKY WILLIAM D					2. Issuer Name <b>and</b> Ticker or Trading Symbol PIXELWORKS INC [ PXLW ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) 8100 SW	(Last) (First) (Middle) 8100 SW NYBERG RD.				3. Date of Earliest Transaction (Month/Day/Year) 03/04/2005									er (give title		Other ( below)	I	
(Street) TUALATIN OR 97062 (City) (State) (Zip)				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
. ,,				on-Deriv	/ative	Sec	urities	s Ac	guired, D	ispo	osed o	of, or Be	nefici	ally Owne	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day			ction	Execution Date		d Date,	Code (Instr.					or 5. Amo 4 Securi Benefi Owned	ount of ties cially	Fori (D) d Indi	rect (I)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amoun	t (A)	or Pric	Report e Transa	Following (I Reported Transaction(s) (Instr. 3 and 4)		tr. 4)	(Instr. 4)		
			Table						quired, Dis s, options,					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transac Code (Ir 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisable	Exp	oiration e	Title	Amount or Number of Shares	1				
Non- Qualified Stock Option (right to buy)	\$9.48	03/04/2005			A		16,667		(1)	03/0	04/2015	Common Stock	16,667	\$9.48	16,667		D	
Incentive Stock Option (right to buy)	\$16.9								(2)	04/1	19/2014	Common Stock	23,667	,	23,667		D	
Non- Qualified Stock Option (right to buy)	\$16.9								(3)	04/1	19/2014	Common Stock	176,333	3	176,333	3	D	

## **Explanation of Responses:**

- 1. The options become exercisable monthly over a 4-year period which commenced on March 4, 2005, with 10% becoming exercisable by March 4, 2006, 20% becoming exercisable by March 4, 2007, 30% becoming exercisable by March 4, 2008, and 40% becoming exercisable by March 4, 2009.
- 2. The options become exercisable over a 4-year period which commenced on April 30, 2004 as follows: 5,917 shares exercisable as of April 30, 2005, 493 shares exercisable as of 1/31/2006, and 17,257 shares exercisable every month thereafter for 27 months
- 3. The options become exercisable over a 4-year period which commenced on April 30, 2004 as follows: 44,083 shares exercisable as of April 30, 2005 and 132,250 shares exercisable every month thereafter for 36 months.

William D Yavorsky 03/07/2005

\*\* 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.