FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
	Estimated average burden							
	hours per response:	0.5						

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

Name and Address of Reporting Person* Nader Elias			2. Date of Event Requiring Staten Month/Day/Year 19/16/2019	nent	3. Issuer Name and Ticker or Trading Symbol PIXELWORKS, INC [PXLW]						
(Last) 226 AIRPORT	t) (First) (Middle) AIRPORT PARKWAY			Relationship of Reporting Pers (Check all applicable) Director		10% Owne	er (5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 595					X	Officer (give title below) VP and Chief Finance	Other (spe below)	, 10	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) SAN JOSE	CA	95110				VI and Chief Financ	iai Officei			y One Reporting Person y More than One erson	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D or Indirect (I) (Instr. 5)		cṫ (D) (Ir				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conve		Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiratio Date	on Title	,	Amount or Number of Shares	Price of Derivativ Security	e Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

<u>Elias Nader</u> <u>09/17/2019</u>

** 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.

^{*} 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).