FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB AP	PR	O٧	/AI
--------	----	----	-----

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the

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

purchase or sale issuer that is into	e of equity securities of the ended to satisfy the use conditions of Rule enstruction 10.								
1. Name and Address Vitoc Vlad	ess of Reporting Pers	on [*]	2. Issuer Name and Ticker or Trading Symbol MAIA Biotechnology, Inc. [MAIA]	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) 444 WEST LAKE STREET,		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/25/2025	X Officer (give title Other (specify below) Chief Executive Officer					
(Street) CHICAGO (City)	IL (State)	60606 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicat X Form filed by One Reporting Person Form filed by More than One Reporting						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Ac Of (D) (Instr. 3,) or Disposed	Securities	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		
Common Stock	11/25/2025		P		10,500	A	\$0.9661(1)	831,421	D	
Common Stock								210,000		See Footnote ⁽²⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

Explanation of Responses:

- 1. The price reported is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$0.9606 to \$0.9745, inclusive. The Reporting Person undertakes to provide to the staff of the Securities and Exchange Commission, to any security holder of the issuer, or to the Issuer, upon request, full information regarding the number of shares purchased at each separate price within the range set forth above.
- 2. These securities are beneficially owned by Mr. Vitoc's spouse. The reporting person disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.

<u>/s/ Vlad Vitoc</u> <u>11/26/2025</u>

** 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.