FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response: 0.5

may continue. S											es Exchange pany Act of								
1. Name and Address of Reporting Person [*] Smith Stan						2. Issuer Name and Ticker or Trading Symbol <u>MAIA Biotechnology, Inc.</u> [MAIA]									onship of Reporting P all applicable) Director		10% Ow		
(Last) (First) (Middle) 444 WEST LAKE STREET, SUITE 1700						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2023									Officer (give title below)		Other (specify below)		pecify
(Street) <u>CHICAGO</u> IL 60606 (City) (State) (Zip)				4. lf.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	able I - No	n-De	rivati	ve S	ecuritie	es Acq	uired,	Disp	osed of,	, or E	Benefi	cially Ow	ned				
Date					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				d 5) 5. Amount Securities Beneficiall Following Transactio		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	(Instr. 3 and				(
Common Stock 02/2					02/27/2023				Р		219		A	\$4.47 ⁽¹⁾	515,766			Ι	See Footnote ⁽¹⁾
Common Stock 02/2				02/28/2023				р 1,6		1,619		A \$4.48 ⁽¹⁾		517,385			Ι	See Footnote ⁽¹⁾	
			Table II -								sed of, o nvertible				d				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date,			Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Yo		te Secu ear) Deriv		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) Amount of Number of		8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e es ally g t ion(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. The purchases reported in this Form 4 were automatically effected pursuant to a previously executed purchasing plan of The Stan V. Smith Trust Dated 1993 that is intended to comply with Rule 10b5-1(c) promulgated under the Securities Exchange Act of 1934, as amended. These securities are beneficially owned by Mr. Smith through The Stan V. Smith Trust Dated 1993.

2. The price reported is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$4.45 to \$4.50, 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

3. The price reported is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$4.43 to \$4.50, 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

/s/ Stan V. Smith	03/01/2023				
** 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.