FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* Pons Jaume					A	2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC ALXO							(Ch	Relationship leck all appli X Direct	cable) or	g Pers	10% Ov	vner	
(Last)	(Fan) (Fan) (Malla)						,							X Office below	r (give title		Other (s	specify	
(Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/06/2024							PRESIDENT & CSO						
323 ALLERTON AVENUE						4. If Amoundment Date of Original Filed (Manth/DayA)								O by this by the					
323 ALLERION AVENUE					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X Form	filed by One	Repo	orting Perso	n	
SOUTH FRANCI	(A	94080											Form Perso		e than	One Repo	rting	
- TRAINCI					R	ule 1	lΩh	5-1(c) Tra	nsa	ction Ind	icatio	<u> </u>						
(City)	(S	tate)	(Zip)		'	u.o		0 .(0	,a	· iou	otion ma	ioatioi	•						
(=,)	(-	,	(X						ansaction was r				on or written	plan th	hat is intende	d to	
							,												
		Tab	ole I - N	Non-Der	ivativ	e Sec	curit	ies A	cquire	d, D	isposed o	f, or B	eneficial	ly Owned	t				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Date,		Date,			Acquired (A) or (D) (Instr. 3, 4 and 5)		Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)			(Instr. 4)		
Common Stock 05/06/202				2024				M		20,000	A	\$0.99	624,205			D			
Common Stock 05/06/202			2024			S ⁽¹⁾		20,000	D	\$15.9167	(2) 60	4,205		D					
		•	Table I	II - Deriv	ative	Secu	ıritie	es Acc	uired	l, Dis	posed of,	or Be	neficially	Owned					
				(e.g.,	puts,	calls	, Wa	arrant	s, opt	ions	, convertil	ole sec	curities)						
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. Transa Code (8)			vative urities uired or oosed O) (Instr.	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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$0.99	05/06/2024			M			20,000	(3)	03/30/2027	Commo	n 20,000	\$0	184,43	3	D		

Explanation of Responses:

buy)

- $1. \ The \ sale \ reported \ in \ this \ Form \ 4 \ was \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person \ on \ December \ 6, \ 2023.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.55 to \$16.3942, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.
- 3. The shares subject to the option are fully vested and immediately exercisable.

/s/ Peter Garcia, by power of attorney

05/08/2024

** 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.