## FORM 4

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

A / la : 4	D C	20540
Vashington,	D.C.	20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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					AL	2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC [ ALXO ]							(Che	5. Relationship of Reportin (Check all applicable)  X Director  Officer (give title			g Person(s) to Issuer  10% Owner  Other (specify			
(Last)	`	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								7	below)	pecily				
C/O ALX ONCOLOGY HOLDINGS INC.					0//.	07/25/2023 President & CEO														
323 ALLERTON AVENUE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														<u> </u>	X Form filed by One Reporting Person					
SOUTH	- C	A	94080												Form filed by More than One Reporting Person					
					- Ru	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)			_														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		(A) or 3, 4 and	5. Amour Securitie Beneficia Owned F	s For ally (D) ollowing (I) (		orm: Direct 0) or Indirect 1 (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount		A) or D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 07/25/2					5/2023				A		89,000	0(1)	A	\$0.00	0.00 625,538			D		
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 I if any (Month/Day	Date, T	4. Transaction Code (Instr 9)				6. Date Exercisable and Expiration Date (Month/Day/Year)			of Sec Under Deriva		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu	mount umber Shares		(Instr. 4)				
Employee Stock Option (right to buy)	\$5.86	07/25/2023			A		282,000		(2)	07	7/24/2033	Comm Stock		32,000	\$0.00	282,00	00	D		

# **Explanation of Responses:**

- 1. The reported shares are represented by restricted stock units, or RSUs, which vest in eight equal semiannual installments beginning on December 28, 2023.
- $2. \ Shares \ subject \ to \ the \ option \ vest \ in \ 48 \ equal \ monthly \ installments \ beginning \ on \ August \ 3, \ 2023.$

#### Remarks:

/s/ Peter Garcia, by power of <u>attorney</u> \*\* Signature of Reporting Person

07/27/2023

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.