FORM 4

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

Washington,	D.C. 20549
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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*     Pinto Shelly						2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC [ ALXO ]									tionship of Reportir all applicable) Director Officer (give title		ng Person(s) to Is 10% O Other (		wner
(Last)	(Fir	st) (N	/liddle)	)										X	belov	,		below)	
C/O ALX ONCOLOGY HOLDINGS INC. 323 ALLERTON AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 12/29/2022										,	VP, Financ	e an	d CAO	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
l ` ′	SOUTH SAN												X Form filed by One Reporting Person						
FRANCI	FRANCISCO CA 94080												Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Ž	Zip)																
		Table	I - No	on-Deriva	tive	Secui	rities	Ac	quir	ed, Dis	sposed c	of, or l	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution if any				3. Transa Code ( 8)	action   C	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Secu Bene		icially d Following	Forr (D) o	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amount	(A) or (D)	Price	Tra		saction(s) c. 3 and 4)		u. 4)	(IIIsti. 4)	
Common Stock 12/29/2023					.2				<b>S</b> <sup>(1)</sup>		482	D	\$11.069	99 <sup>(2)</sup>	62,097(3)			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)	Execu if any	eemed ution Date, th/Day/Year)	4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expiration Date (Month/Day/Year) S:				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		vative irity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisable	Expiration Date	ı Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The reported shares were sold to satisfy the reporting person's tax obligations in connection with the vesting of restricted stock units.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$11.04 to \$11.07, inclusive. The reporting person undertakes to provide to 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. Reflects a reduction of 139 shares previously reported as acquired pursuant to the Issuer's employee stock purchase plan on June 30, 2022.

## Remarks:

/s/ Peter Garcia, by power of

01/03/2023

attorney

\*\* 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.