Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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								

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

1. Name and Address of Reporting Person* Randolph Sophia			2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	liddle)		ALXO] 3. Date of Earliest Transaction (Month/Day/Year)						X	below	,	belov	(specify	
C/O ALX ONCOLOGY HOLDINGS INC. 866 MALCOLM ROAD, SUITE 100			08/10/2021									lical Officer		
(Street) BURLINGAME CA 94010			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Grou Line) X Form filed by Month (Month/Day/Year)						e Reporting Pe	rson				
(City) (State) (Z	ip)									Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Ye	Execution Date,					Acquired (A) or D) (Instr. 3, 4 and 5)			ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Cod	e V	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(111501.4)	(111511.4)
Common Stock 08/10/202		1			S ⁽¹⁾)	1,718	D	\$64.19	71 ⁽²⁾	16	59,871	D	
Common Stock 08/2		1		S ⁽¹⁾)	5,599	D	\$64.75	\$64.7555 ⁽³⁾		64,272	D		
Common Stock 08/10/20		1		S ⁽¹⁾)	70	D	\$65.46		164,202		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 Date, if any (Month/Day/Year)		saction (Instr.	5. Numb of Derivativ Securitic Acquired (A) or Dispose of (D) (Instr. 3, and 5)	ve (fes d	i. Date Ex Expiration Month/Da		Amo Secu Unde Deriv	cle and unt of urities erlying vative urity (Instr. d 4)	Der Sec (Ins	rice of ivative urity tr. 5)	tive derivative ty Securities	Ownersh Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership t (Instr. 4)
Evaluation of Decreases		Code	· V	(A) (D		Date Exercisab	Expiratio le Date	n Title	Amount or Number of Shares					

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on January 28, 2021.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$63.42 to \$64.415, 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 within the ranges set forth in footnotes (2) and (3) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$64.42 to \$65.10, inclusive.

Remarks:

/s/ Peter Garcia, by power of attornev

08/11/2021

** 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.