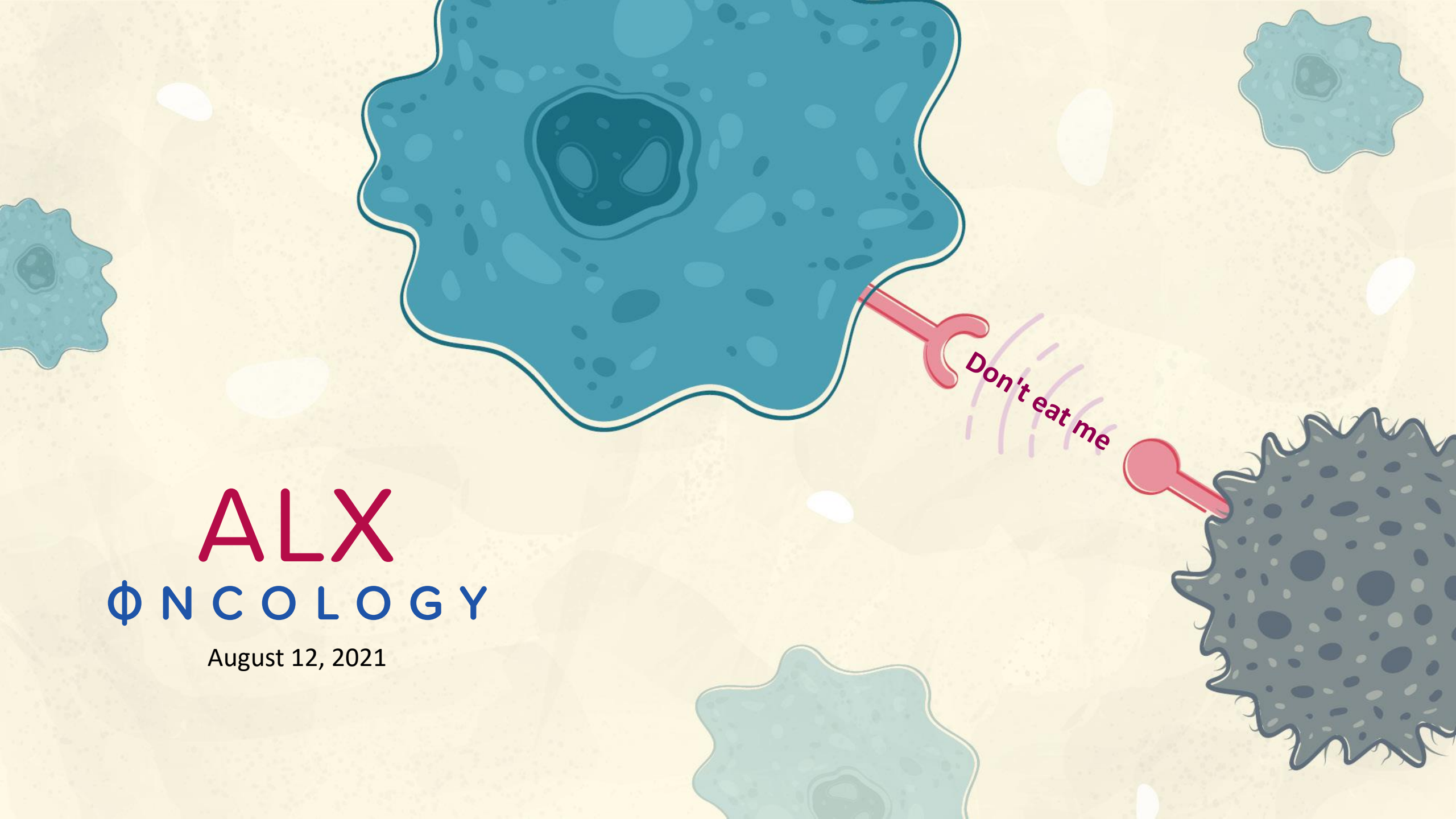

ALX ONCOLOGY

August 12, 2021

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ALX ONCOLOGY

OVERVIEW

ALX Oncology (Nasdaq: ALXO) is a clinical-stage immuno-oncology company focused on helping patients fight cancer by developing therapies that block the CD47 checkpoint pathway and bridge the innate and adaptive immune system

Lead product candidate evorpacept (also known as ALX148) initiating multiple Phase 2 trials

CD47 blocker

- Designed for use in combination
- Tolerability profile enables higher dosing
- Higher dosing may enable greater efficacy

Clinical proof-of-principle in both hematologic and solid tumors

Initial focus on solid tumors, MDS, and AML

Early-stage antibody candidate ALTA-002* for systemic CpG delivery

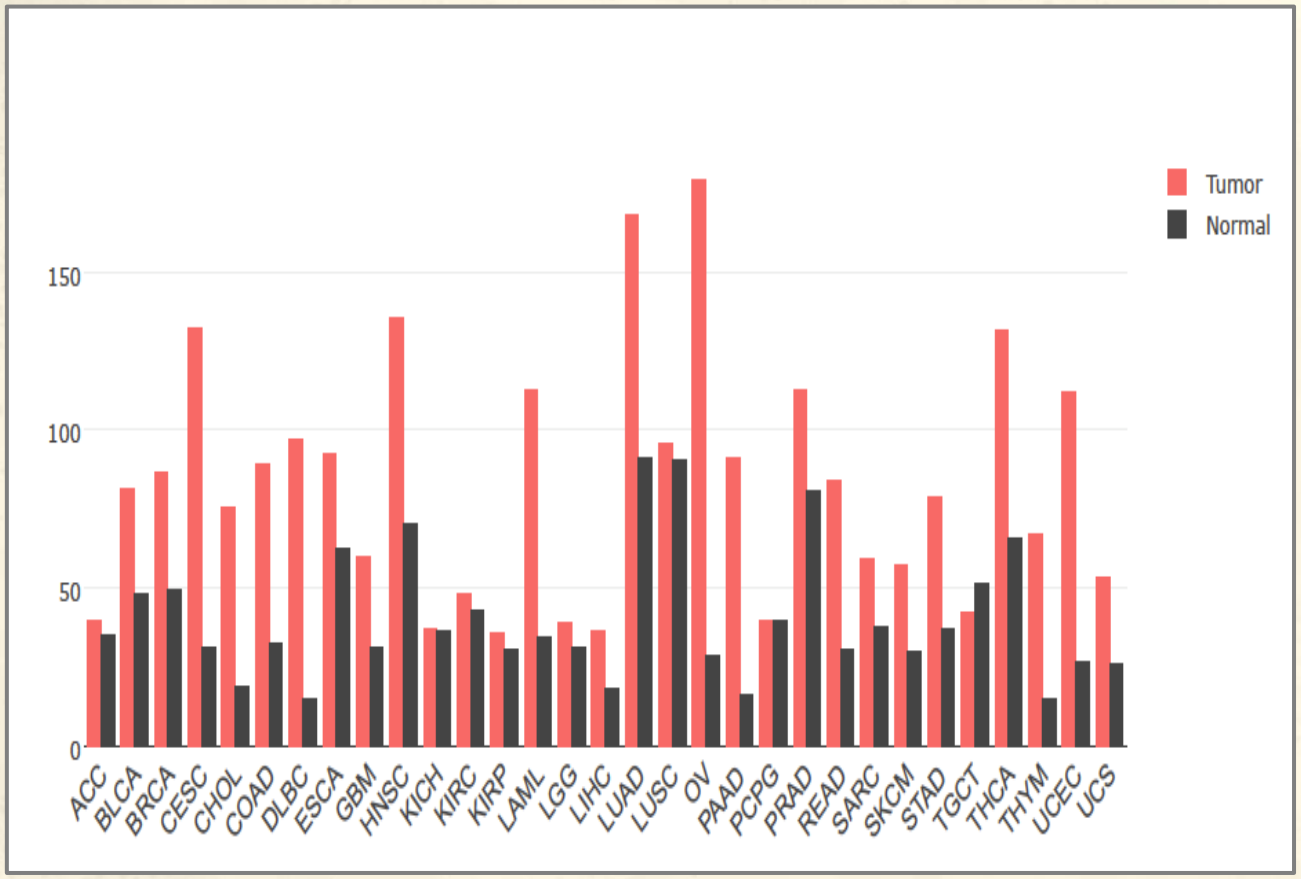
- IND by end of 2022

*SIRPα Toll-like receptor agonist antibody conjugate (TRAAC)

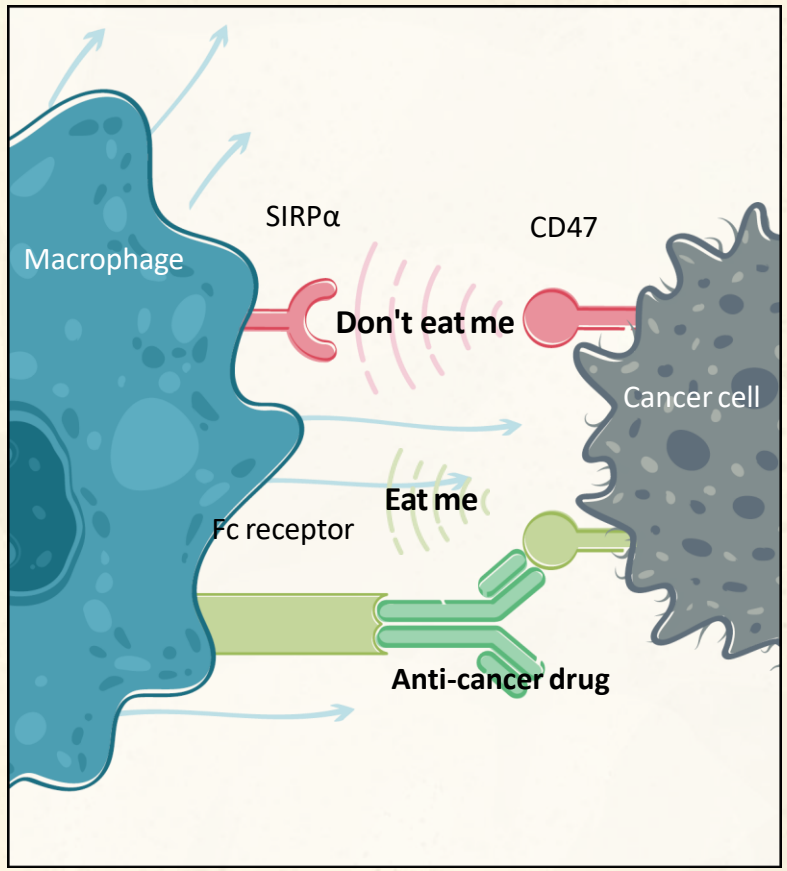
ALX ONCOLOGY

CD47: TUMOR ASSOCIATED ANTIGEN (TAA)- MYELOID CHECKPOINT DUALITY

TAA-Expression levels on cancer and normal cells



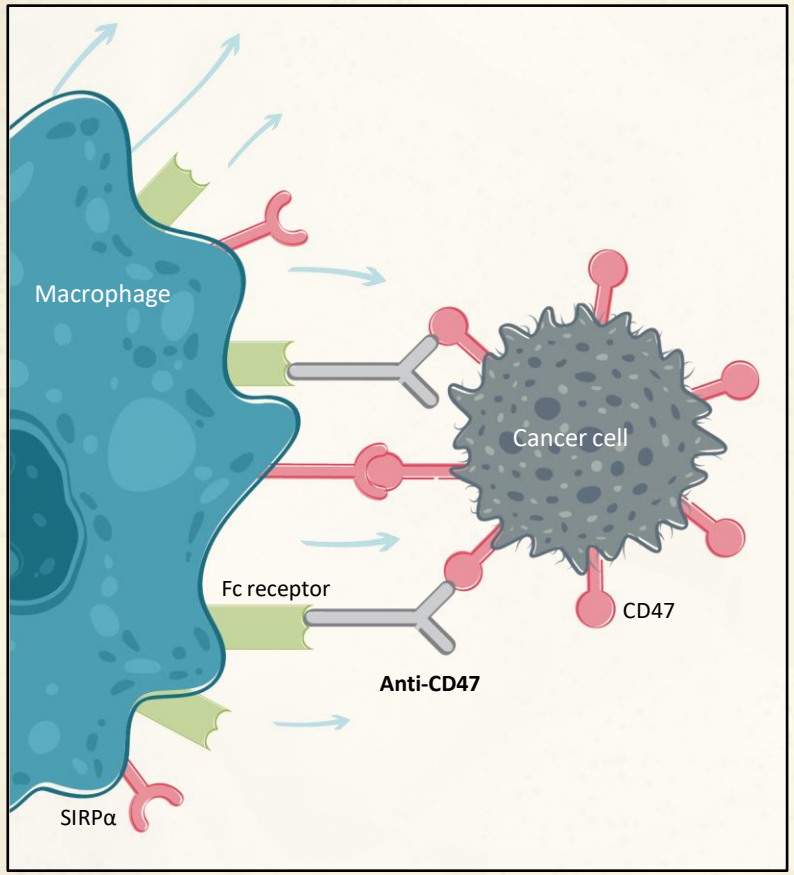
Checkpoint Mechanism: "do not eat me"

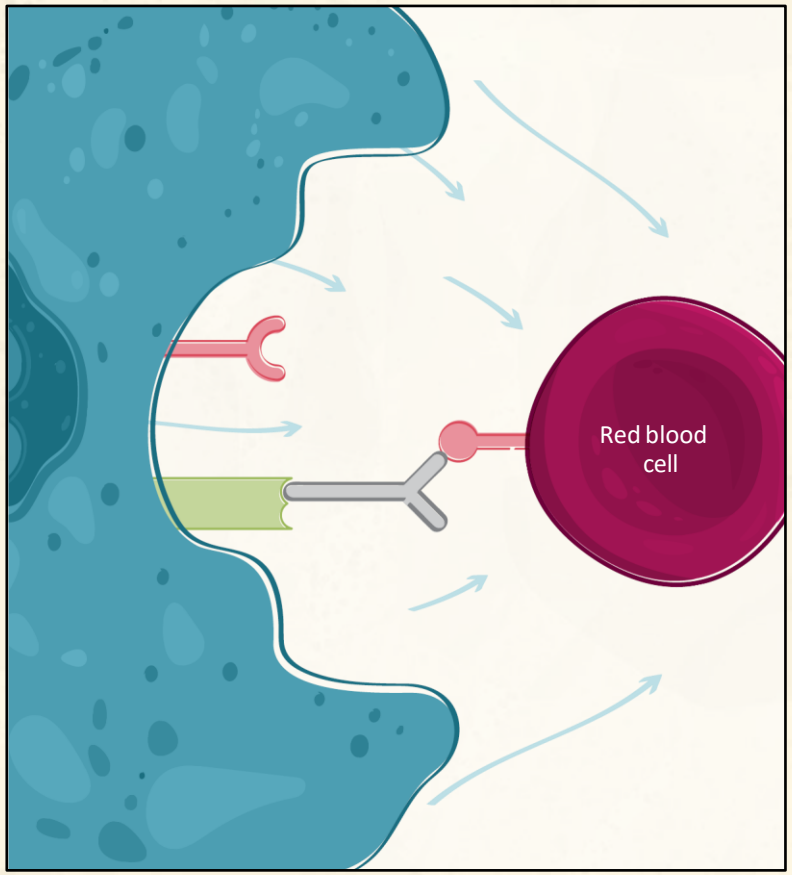


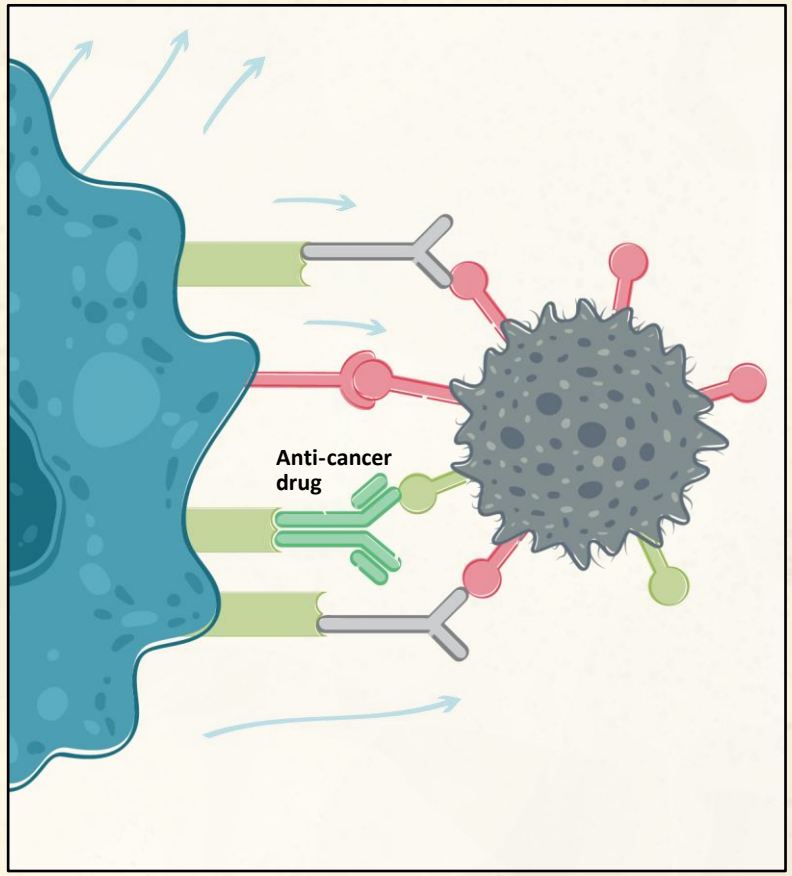
ALX ONCOLOGY

TARGETING CD47 AS TUMOR ASSOCIATED ANTIGEN

But also targets normal cells







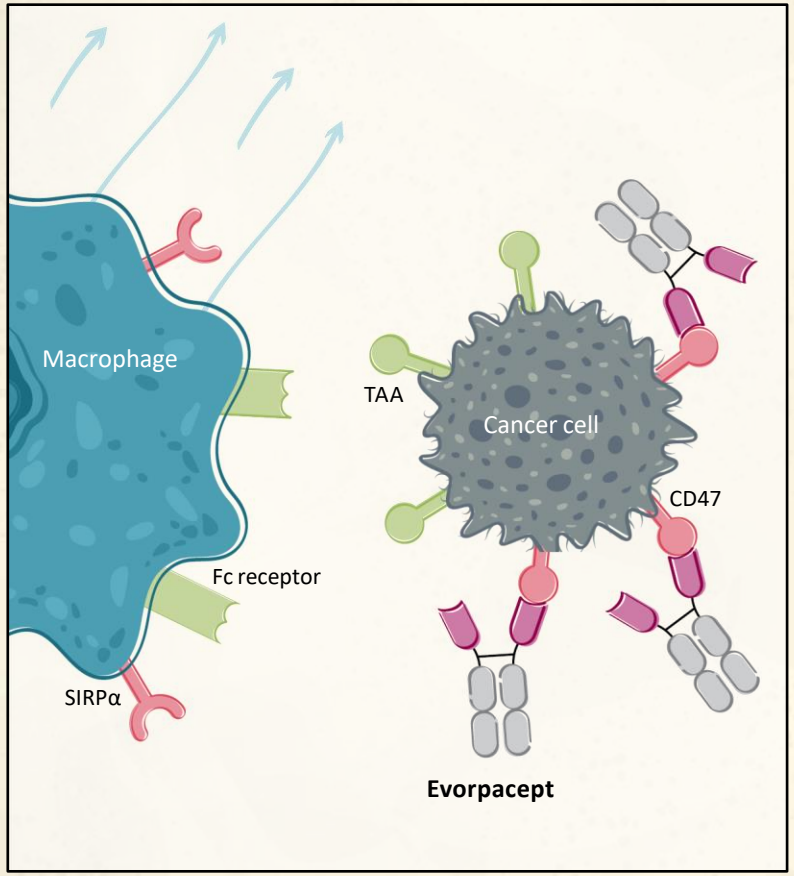
Anti CD47 with active Fc directly targets cancer cells

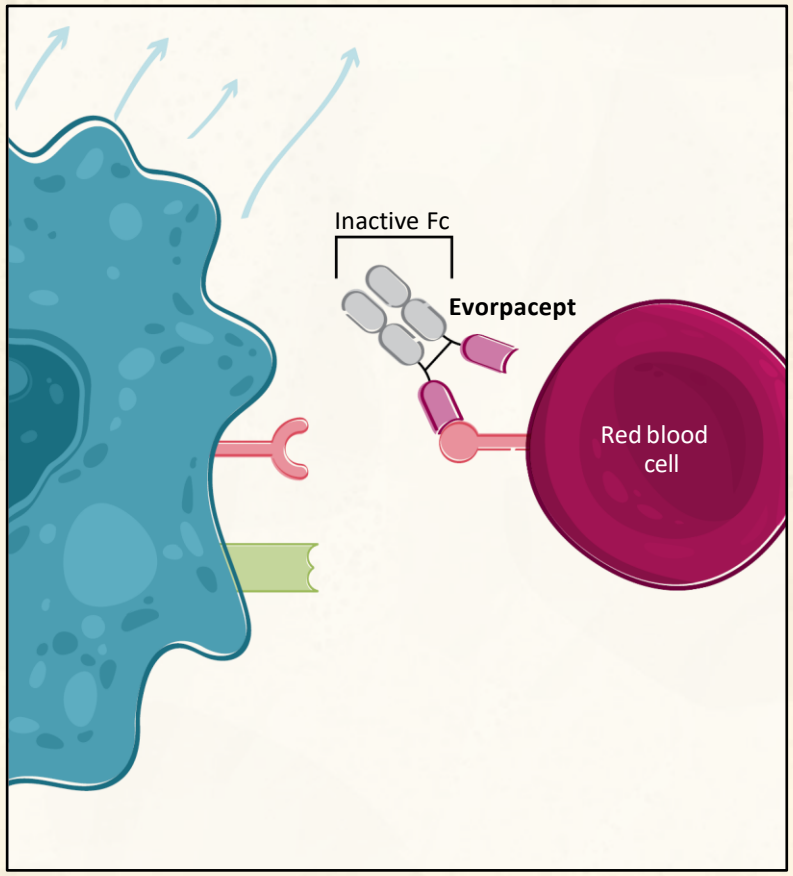
Dose limitations prevent full blockade of CD47 and active Fc competes with combo drug

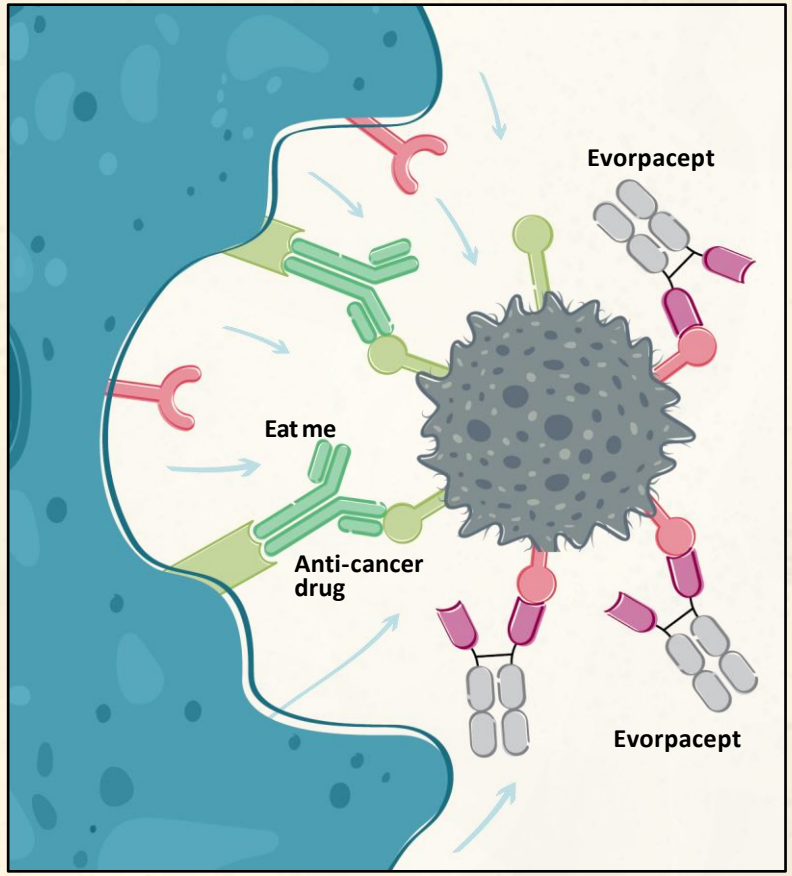
ALX ONCOLOGY

TARGETING CD47 AS CHECKPOINT: ALX ONCOLOGY'S APPROACH

It spares normal cells







Anti CD47 with inactive Fc binds and block CD47-SIRPα interaction

High dose allows full blockade of CD47 and maximizes activity of combo drug

ALX ONCOLOGY

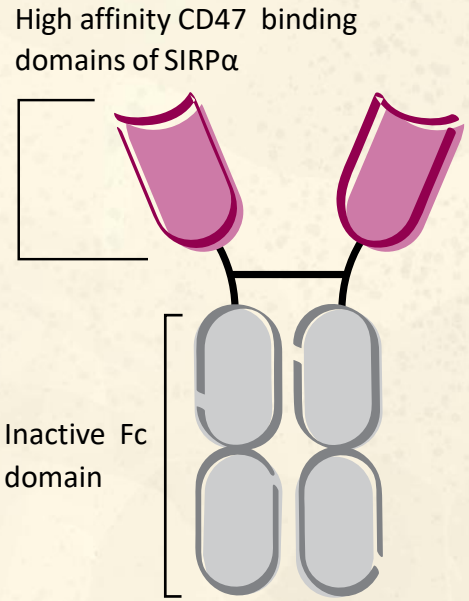
EVORPACEPT: METICULOUSLY DESIGNED CD47 BLOCKER

High affinity CD47 binding domain of SIRPα → **Potently blocks CD47 signal on cancer cells**

Inactive Fc domain eliminates binding activity → **No dose dependent cytopenia**

Presence of Fc domain ensures slow clearance and long half-life → **Less frequent dosing**

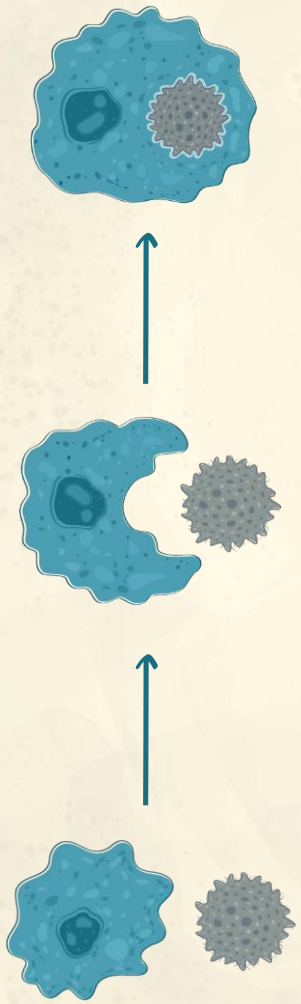
Designed for safety and efficacy

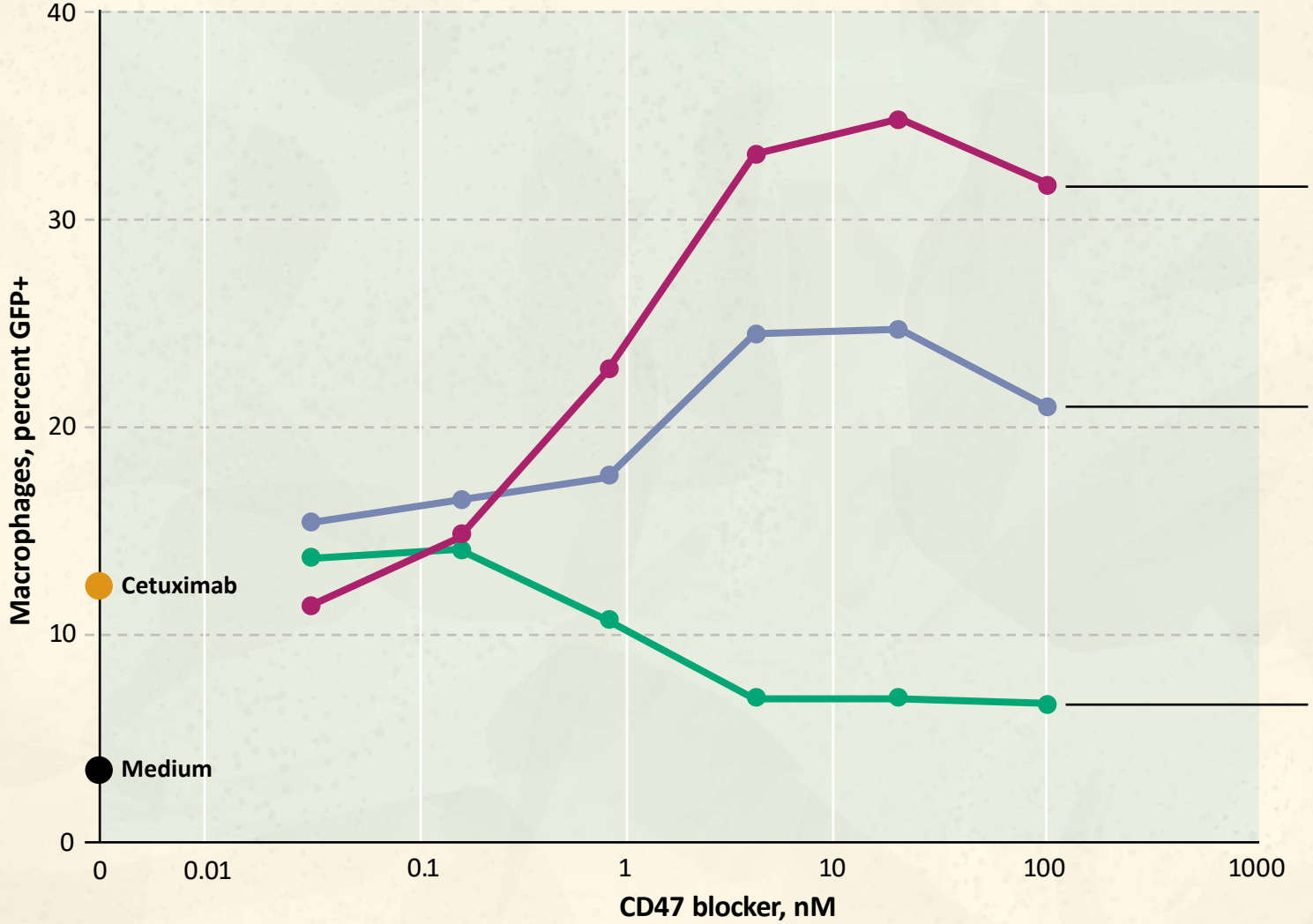


- ~Half the molecular weight of an antibody
- Increases solid tumor penetration
- Cross-reactive to human, monkey, mouse
- Standard antibody manufacturing process

ALX ONCOLOGY

EVORPACEPT DEMONSTRATES SUPERIOR PHAGOCYTOSIS





Evorpacept inactive Fc + Cetuximab

ADCP by cetuximab is enhanced by inactive Fc and high affinity

5F9 (Magrolimab) IgG4 + Cetuximab

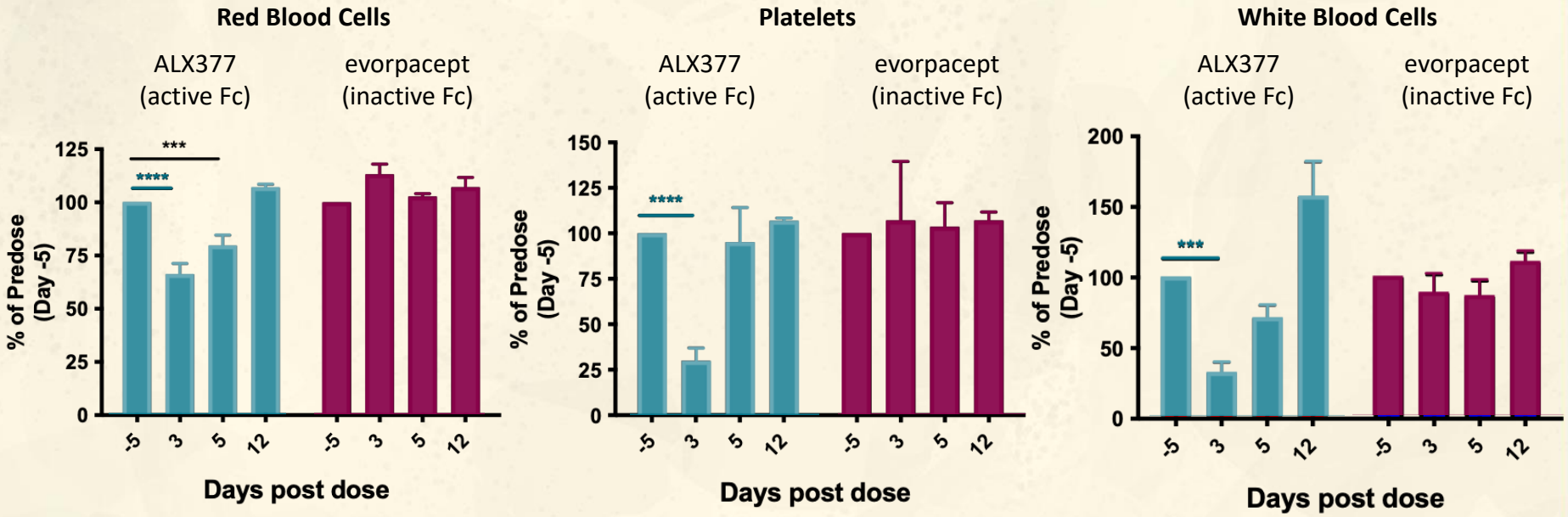
Enhances ADCP with cetuximab but at lower levels

TTI-621 IgG1 + Cetuximab

Does not enhance ADCP in combination with cetuximab

ALX ONCOLOGY

INACTIVE FC SHOWS REDUCED CYTOPENIA IN MICE IN VITRO



CD-1 mice received 30 mg/kg IV single dose

****p<0.0001, ***p<0.001

Inactive Fc is the core determinant of safety profile

Mouse cross-reactivity allows for safety and efficacy testing in mouse models

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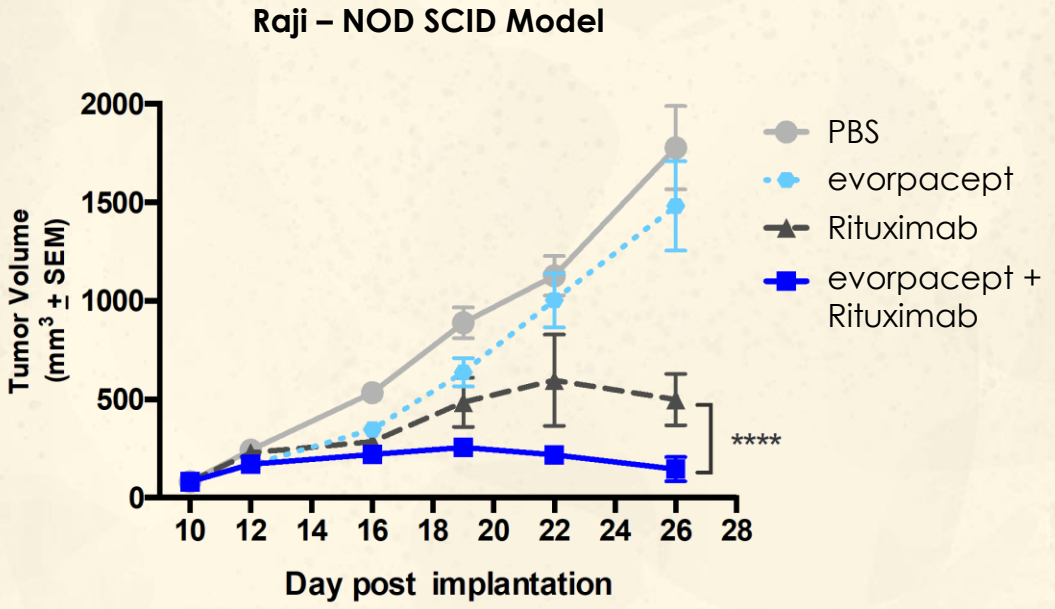
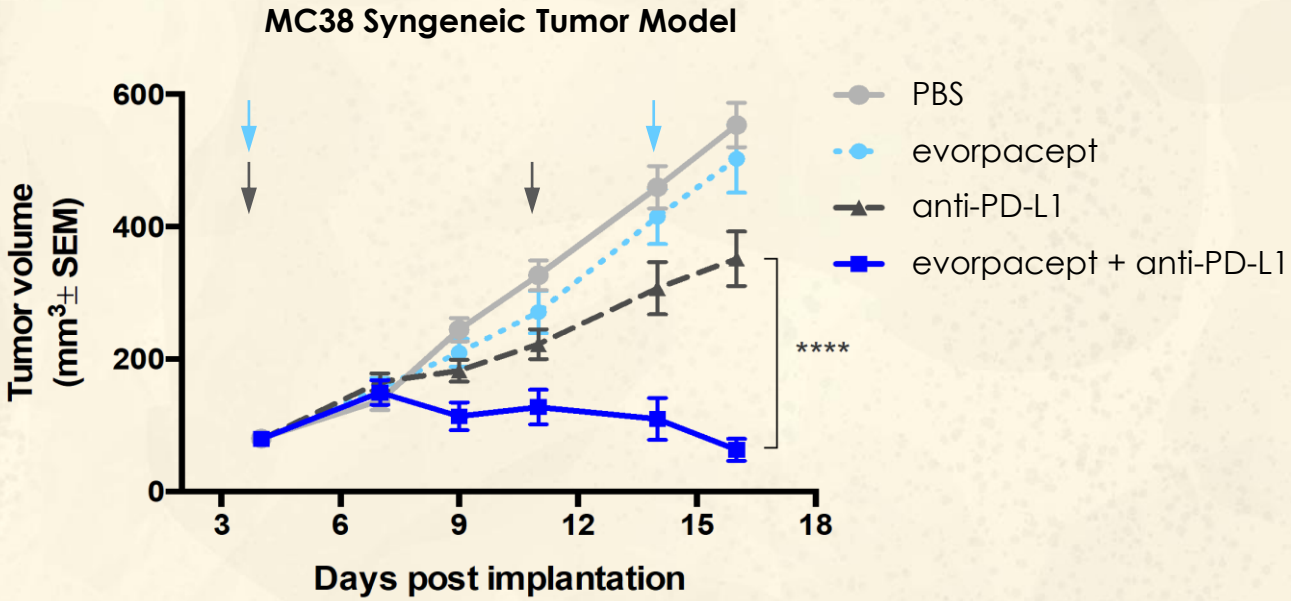
COMBINATION EFFICACY WITH TAA (RITUXIMAB) ANTIBODIES AND CHECKPOINT INHIBITOR (ATEZOLIZUMAB)



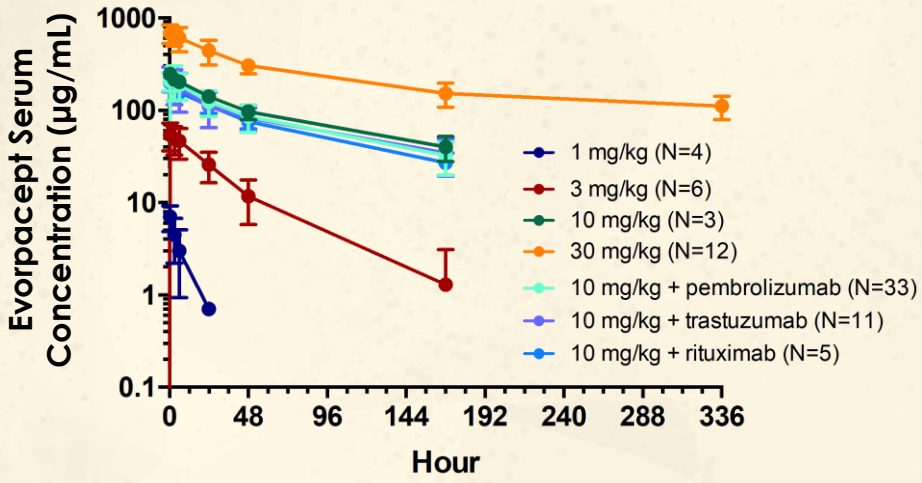


Mouse cross-reactivity allows for better clinical translation of preclinical models: presence of CD47 sink and mouse models with intact immune system

ALX ONCOLOGY

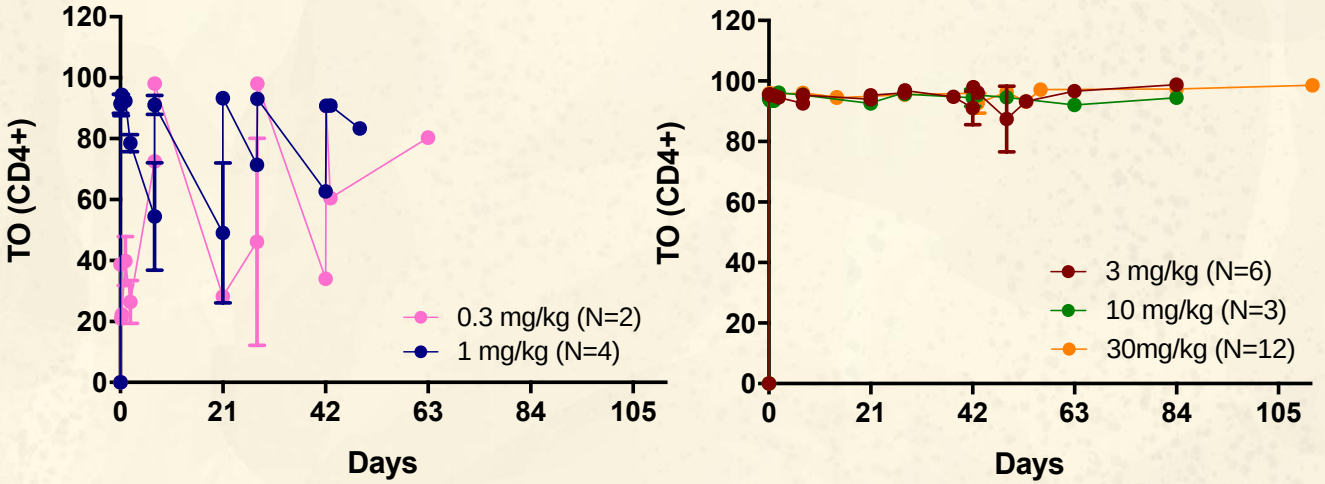
EVORPACEPT CLINICAL PHARMACOKINETICS AND CD47 TARGET OCCUPANCY

Evorpacept Serum Levels for Cycle 1 Day 1



- **Steady-state half-life of evorpacept at 10 mg/kg QW is predicted to be ~30 days.**
- Evorpacept PK profile is not impacted by combination drugs.

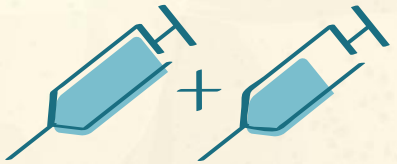
CD47 Target Occupancy by Evorpacept



- **Near complete CD47 target occupancy (TO) by evorpacept is maintained at ≥ 3 mg/kg QW across dosing interval**
- 0.3 and 1 mg/kg QW show near complete target occupancy at peak, but not at trough

ALX ONCOLOGY

EVORPACEPT DEMONSTRATES FAVORABLE TOLERABILITY PROFILE

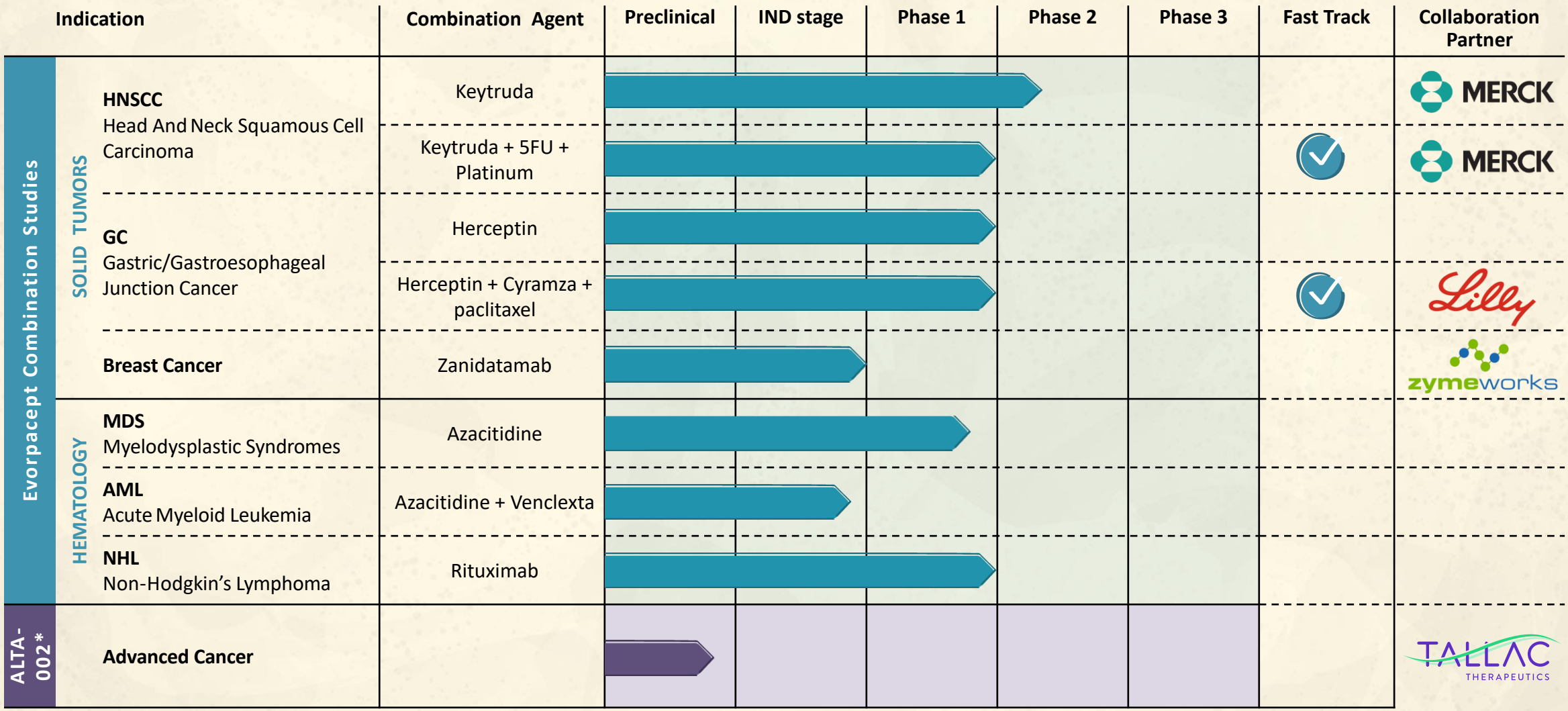
	 Preclinical	 Single agent	 Combinations
Highest administered dose	**100 mg/kg**[1] with no observable adverse events	**30 mg/kg Q2W**[2] No evidence of dose-dependent cytopenias	**15 mg/kg QW** currently dosed **60 mg/kg Q4W** planned

[1]100 mg/kg of evorpacept ≅ 200 mg/kg of a typical antibody
[2]Single agent safety, ALX presentation, ASCO 2018 poster

Evorpacept has not yet reached a maximum tolerated dose

ALX ONCOLOGY

ALX PIPELINE



**SIRPα Toll-like receptor agonist antibody conjugate (TRAAC)*

ALX ONCOLOGY

EVORPACEPT DEMONSTRATES CONSISTENT TOLERABILITY PROFILE

Treatment related adverse events*	evorpacept + Herceptin + Cyramza + chemo (N=18)		evorpacept + Herceptin (N=30)		evorpacept + Keytruda + chemo (N=5)		evorpacept + Keytruda (N=52)		evorpacept + Rituximab (N=33)	
	Total n (%)	≥Grade 3	Total n (%)	≥Grade 3	Total n (%)	≥Grade 3	Total n (%)	≥Grade 3	Total n (%)	≥Grade 3
Fatigue	**2 (11.1%)**	-	**9 (30.0%)**	-	-	-	**6 (11.5%)**	-	**4 (12.1%)**	-
Rash	**3 (16.7%)**	-	-	-	-	-	**5 (9.6%)**	-	**8 (24.2%)**	-
AST increased	-	-	-	-	-	-	**9 (17.3%)**	-	-	-
Platelets decreased	-	-	**5 (16.7%)**	**2 (6.7%)**	-	-	**4 (7.7%)**	**2 (3.8%)**	-	-
ALT increased	-	-	-	-	-	-	**7 (13.5%)**	**1 (1.9%)**	-	-
Pruritus	**2 (11.1%)**	-	**3 (10.0%)**	-	-	-	**5 (9.6%)**	-	**2 (6.1%)**	-
Pyrexia	-	-	**3 (10.0%)**	-	-	-	**3 (5.8%)**	-	-	-
Decreased appetite	-	-	**3 (10.0%)**	-	-	-	**2 (3.8%)**	-	-	-
Anemia	-	-	**2 (6.7%)**	-	-	-	**5 (9.6%)**	**1 (1.9%)**	**2 (6.1%)**	**1 (3.0%)**
Infusion reaction	-	-	-	-	-	-	**4 (7.7%)**	-	-	-
Neutropenia / Neutrophil count decr	-	-	**2 (6.7%)**	**2 (6.7%)**	-	-	**2 (3.8%)**	**1 (1.9%)**	**2 (6.1%)**	**2 (6.1%)**
Nausea	-	-	**2 (6.7%)**	-	-	-	**2 (3.8%)**	-	**2 (6.1%)**	-
Alkaline phosphatase incr	-	-	-	-	-	-	**3 (5.8%)**	-	-	-
Arthralgia	-	-	-	-	-	-	**3 (5.8%)**	-	-	-
WBC decreased	-	-	-	-	-	-	**3 (5.8%)**	-	-	-
Myalgia	-	-	-	-	-	-	**2 (3.8%)**	-	**2 (6.1%)**	-
Diarrhea	**3 (16.7%)**	-	-	-	-	-	-	-	-	-
Urticaria	**3 (16.7%)**	-	-	-	-	-	-	-	-	-

Treatment related adverse events occurring in ≥2 subjects in all histologies at 10 & 15 mg/kg QW.

*Data cut off: April 1, 2020 for combination cohorts of evorpacept plus Keytruda and Herceptin; October 1, 2020 for combination cohorts of evorpacept plus Rituxan, Keytruda and chemotherapy (5FU, platinum); May 03, 2021 for combination cohort of evorpacept plus Herceptin and chemotherapy (Cyramza, paclitaxel).

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Tolerability profile enables broad combination potential

EVORPACEPT HAS INITIAL CLINICAL ACTIVITY ACROSS TUMOR TYPES IN MULTIPLE TRIALS

Population	≥2L HER2+ GC		≥2L HER2+ GC	1L HNSCC		≥2L HNSCC (CPI-Naïve)		≥2L NHL (15mg/kg)
Combination	evorpacept + Herceptin + Cyramza + paclitaxel		evorpacept + Herceptin	evorpacept + Keytruda + 5FU + platinum		evorpacept + Keytruda		evorpacept + Rituximab
N-evaluable	18		19	4		10		10
ORR	evorpacept **72%**	benchmark 28%	**21%**	evorpacept **75%**	benchmark 36%	evorpacept **40%**	benchmark 15%	**70%**
mPFS (months)	**9.1**	4.4	**2.2**	**NC**	4.9	**4.6**	2.1	**NC**
mOS (months)	**NC**	9.6	**8.1**	**NC**	13.0	**22.1**	8.4	**NC**
Benchmark regimen	Cyramza + paclitaxel			Keytruda + 5FU + platinum		single agent Keytruda		

Evorpacept plus Herceptin and Cyramza and paclitaxel data as of May 03, 2021. All other data as of October 1, 2020. NC = unable to be calculated, ORR = Objective Response Rate, mPFS = median progression free survival, mOS = median overall survival. CPI = checkpoint inhibitor.

2L GC benchmark, Wilke, Lancet Oncology, 2014; 2L HNSCC benchmark, Cohen, Lancet, 2018; 1L HNSCC benchmark, Burtness, Lancet, 2019.

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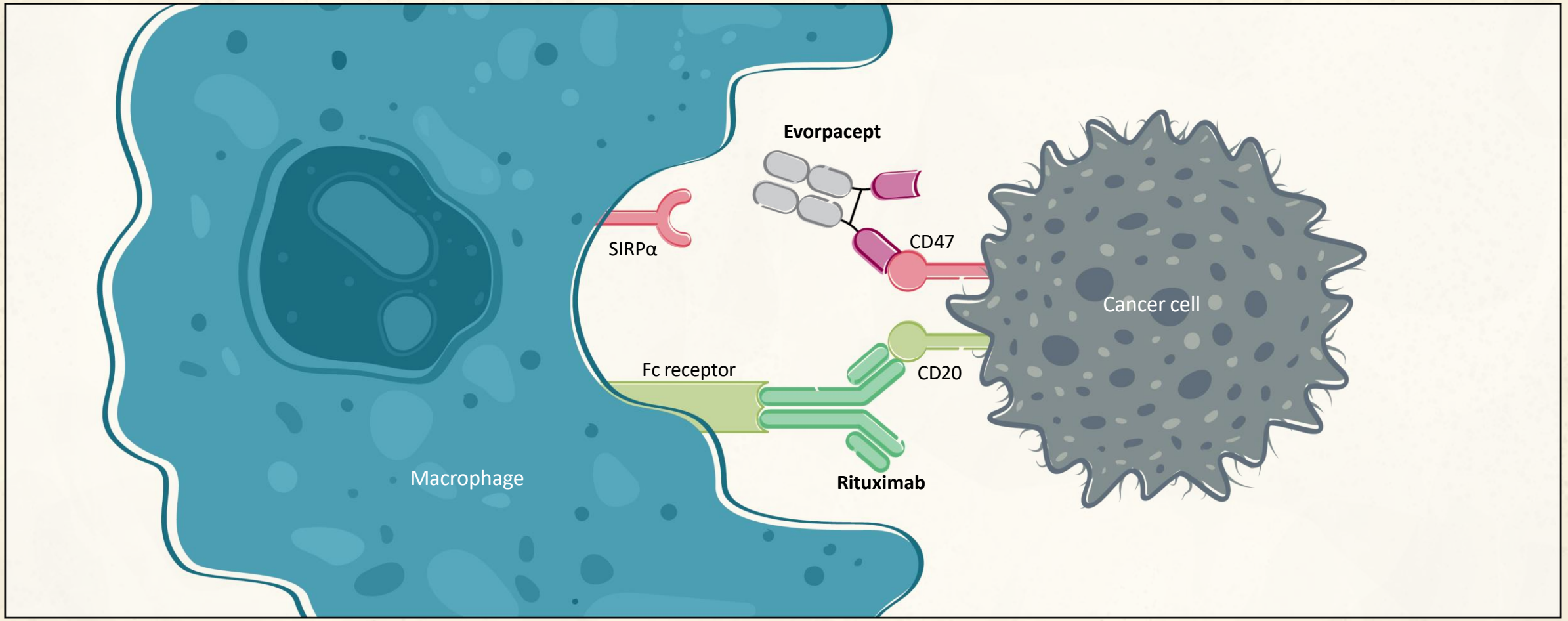
NHL TRIAL: EVORPACEPT + RITUXIMAB MECHANISM OF ACTION



Evorpacept increases antibody dependent cellular phagocytosis in combination with Rituximab

ALX ONCOLOGY

NHL PROOF-OF-PRINCIPLE TRIAL

Phase 1b NHL cohorts

relapsed/Refractory NHL,
prior regimen with Rituximab

Treatment:

evorpacept 10 or 15 mg/kg
once a week (QW)
+
Rituximab 375 mg/m^2 once a week for
4 weeks, once monthly
for 8 months

		evorpacept 10 mg/kg QW + Rituximab (n=22)	evorpacept 15 mg/kg QW + Rituximab (n=11)
Primary Disease, n	Follicular	**5**	**3**
	Marginal Zone (MZL)	**2**	**1**
	Mantle Cell (MCL)	**4**	**1**
	DLBCL	**11**	**6**
Median Age, Years (range)		**66 (32-80)**	**64 (53-78)**
Sex, n	M	**17**	**6**
	F	**5**	**5**
Race, n	Asian	**18**	**9**
	White	**4**	**2**
ECOG, PS, n	0	**7**	**2**
	1	**15**	**9**
Median Prior Therapy, n (range)		**3 (1-7)**	**3 (1 -5)**

Data Cutoff October 1, 2020

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NHL PROOF-OF-PRINCIPLE TRIAL

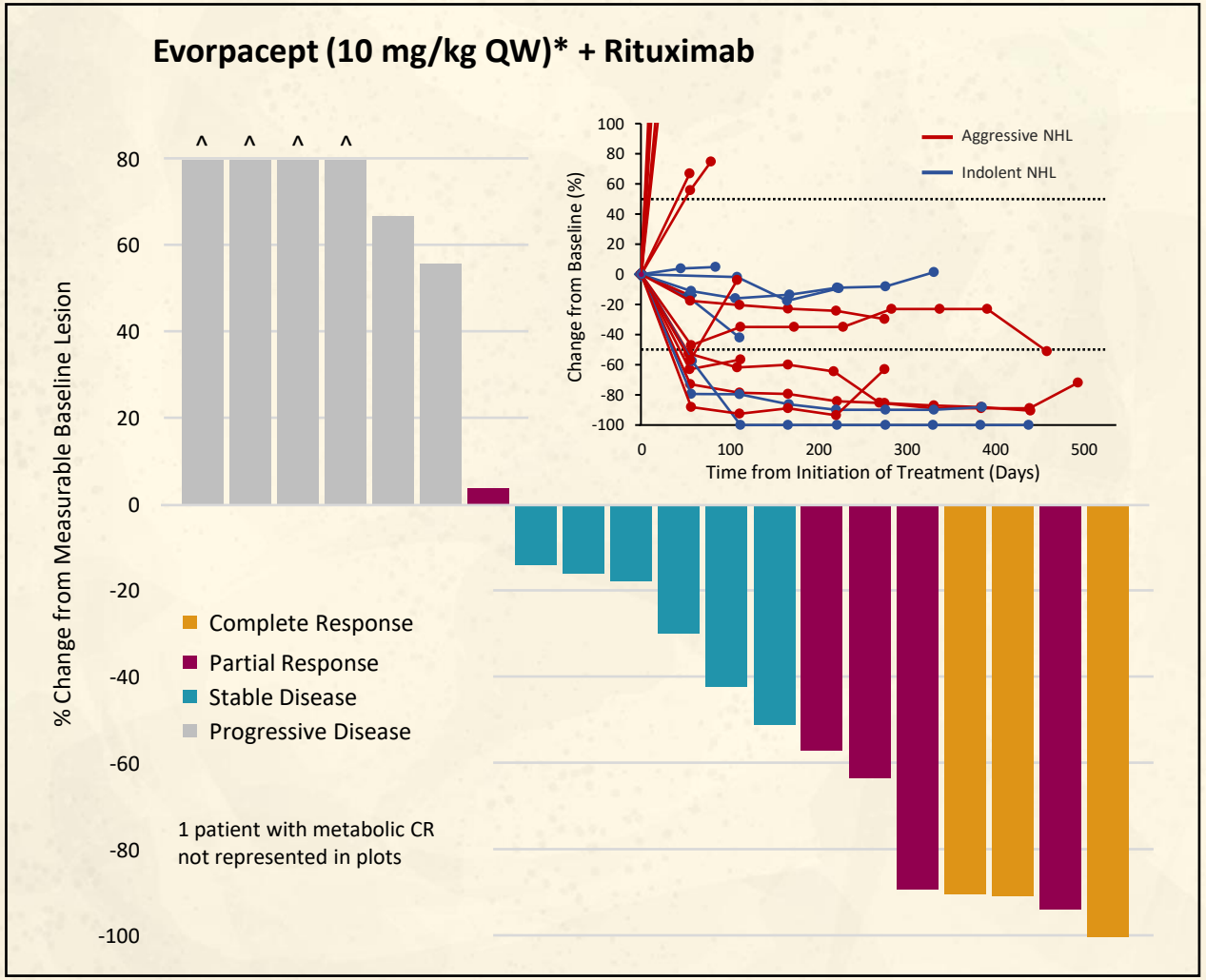
	10 mg/kg QW		15 mg/kg QW	
Population	N	ORR	N	ORR
All	**22**	**40.9%**	**10**	**70.0%**
Aggressive	15	33.3%	6	50.0%
Indolent	7	57.1%	4	100.0%

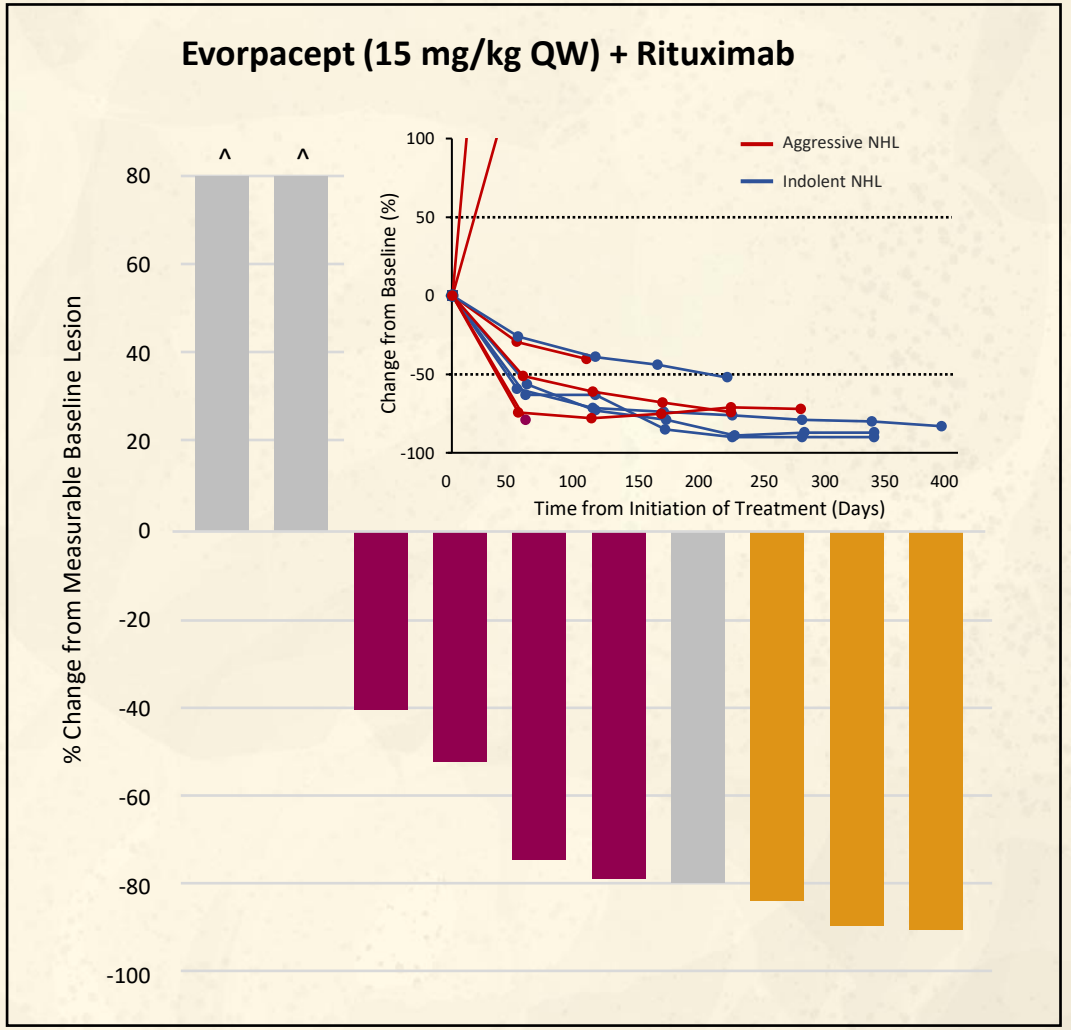
Data Cutoff: October 1, 2020; ASH 2020 Abstract 3016
N = Response Evaluable Patients
Indolent = Follicular Lymphoma and Marginal Zone Lymphoma.
Aggressive = Diffuse Large B-cell Lymphoma and Mantle Cell Lymphoma.
ORR = Objective Response Rate.

Evorpacept demonstrated higher response rate at higher dosing

ALX ONCOLOGY

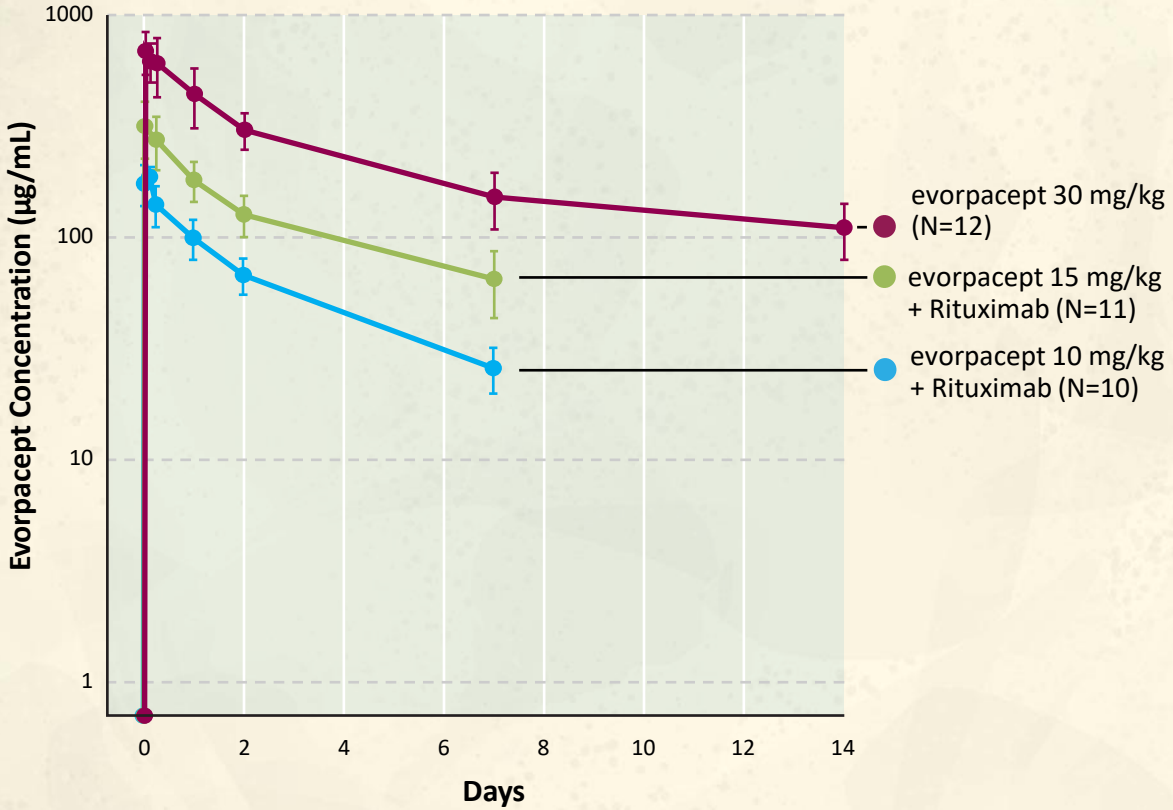
NHL: CLINICAL ACTIVITY OF EVORPACEPT + RITUXIMAB BY PATIENT



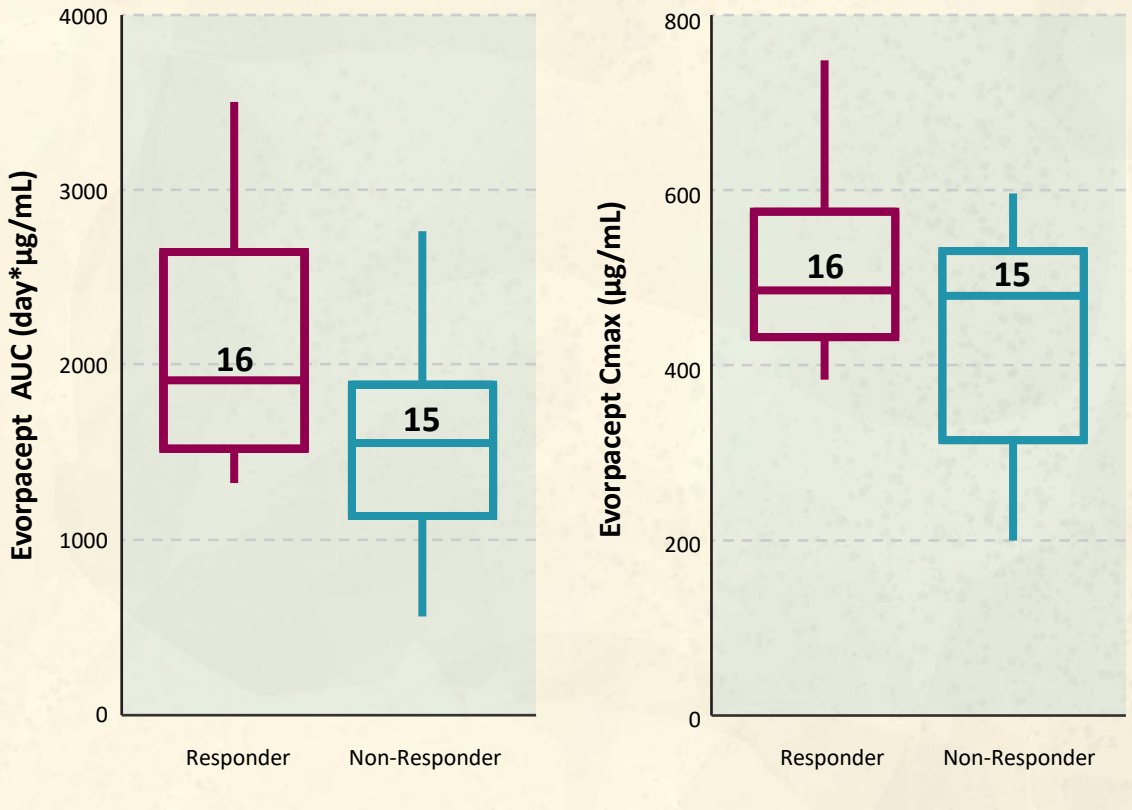


Data Cutoff October 1, 2020; Response evaluable patients; Responses include metabolic response per Lugano Response Criteria.
^ more than 80% increase from baseline. * 1 patient with rapid fatal progressive disease not represented in plot

NHL: EVORPACEPT CLINICAL PHARMACOKINETICS AND EXPOSURE-RESPONSE ANALYSIS



Evorpacept concentration-time profiles following first IV infusion at Cycle 1 Day 1 as single agent or in combination with Rituximab.



*A significant improvement in patients with clinical response (PR,CR) with increased evorpacept exposure (AUC; p = 0.023) was observed across the exposure range evaluated (10 mg/kg QW - 15 mg/kg QW).

ALX ONCOLOGY

Data Cutoff October 1, 2020

NON-HODGKIN LYMPHOMA PROOF-OF-PRINCIPLE SUMMARY

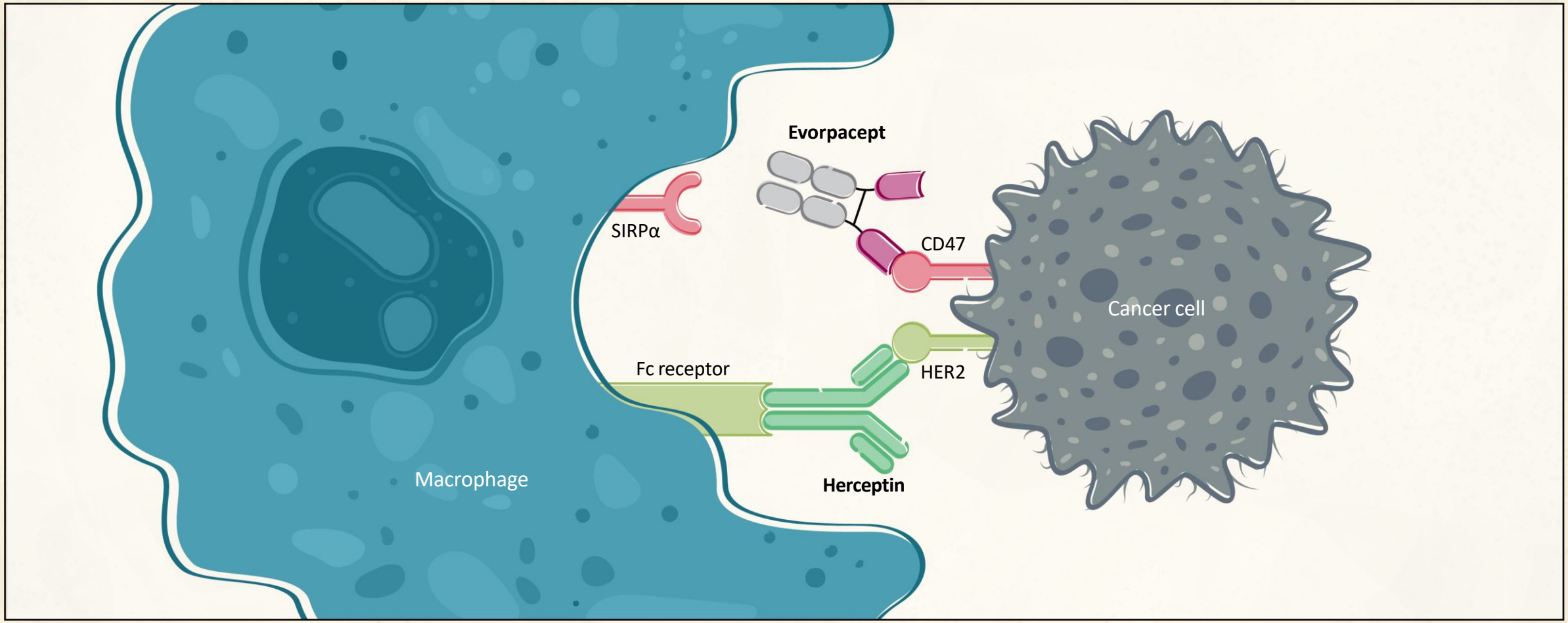
Other agents in CD47 class reduced dosing leading to reduced responses

Higher dosing enabled by evorpacept tolerability profile

Higher dosing of evorpacept led to higher responses

ALX ONCOLOGY

GC TRIAL: EVORPACEPT + HERCEPTIN MECHANISM OF ACTION



Evorpacept increases antibody dependent cellular phagocytosis in combination with Herceptin

ALX ONCOLOGY

PHASE 1B GC TRIALS: PATIENT BASELINE CHARACTERISTICS

		evorpacept + Herceptin ≥2L GC (N=20)	evorpacept + Herceptin + Cyramza/chemo ≥2L GC (N=18)
Median age, years (range)		**58 (45-79)**	**63 (36-83)**
Sex, n	M	**15**	**13**
	F	**5**	**5**
Race, n	Asian	**13**	**15**
	White	**6**	**3**
	Other	**1**	**-**
ECOG PS, n	0	**7**	**8**
	1	**13**	**10**
Progressed upon prior anti-HER2 therapy, n (%)		**19 (95)**	**17 (94)**
Progressed upon ≥2 prior anti-HER2 therapy n (%)		**9 (45)**	**1 (6)**
Progressed upon prior CPI therapy, n (%)		**9 (45)**	**2 (11)**
Visceral distant metastasis, n (%)		**17 (85)**	**17 (94)**

ALX ONCOLOGY

PHASE 1B ≥2 LINE GC TRIAL: EVORPACEPT + HERCEPTIN

Phase 1b GC trial:

Response evaluable patients

N=19 HER2 positive GC progressed on prior fluoropyrimidine, Herceptin or platinum.

Treatment:

evorpacept 10 mg/kg once a week (QW)

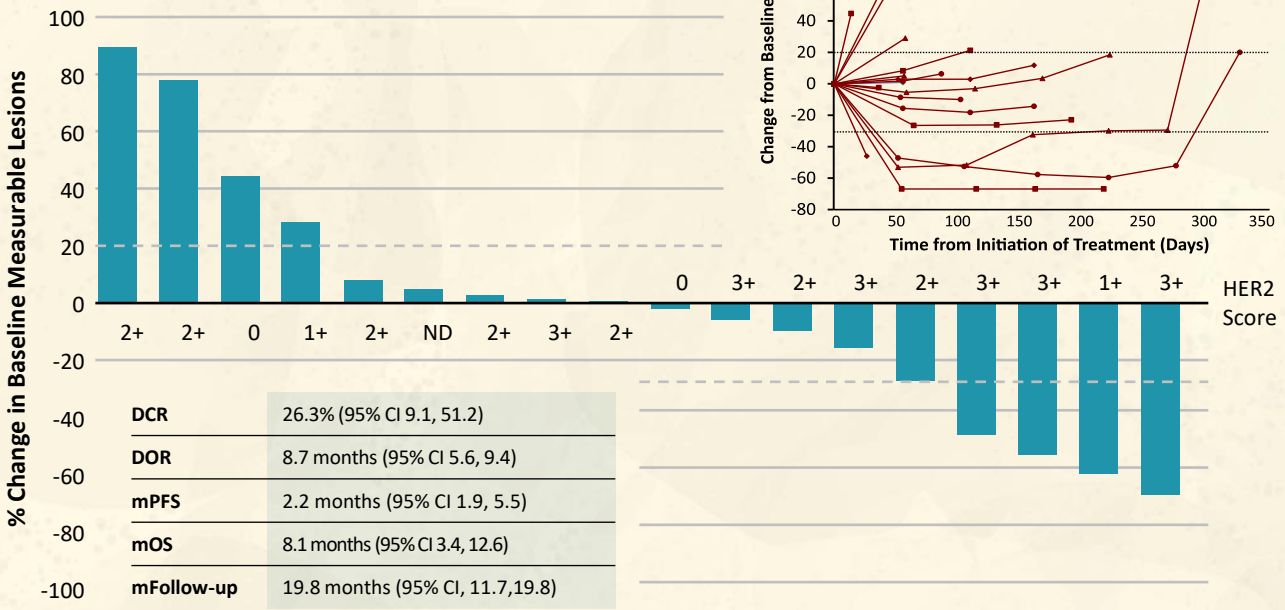
+ **Herceptin** 8 mg/kg once, then 6 mg/kg every three weeks (Q3W)

Endpoints:

- maximum tolerated dose
- anti-cancer activity

Result:

ORR 21.1% (4/19)



DCR	26.3% (95% CI 9.1, 51.2)
DOR	8.7 months (95% CI 5.6, 9.4)
mPFS	2.2 months (95% CI 1.9, 5.5)
mOS	8.1 months (95% CI 3.4, 12.6)
mFollow-up	19.8 months (95% CI, 11.7,19.8)

Notes: Data Cutoff October 1, 2020. Patients who received at least one dose of evorpacept in the expansion phase, had a baseline assessment, and at least one post-baseline disease assessment; One patient with clinical progression not included in plots.

ORR = Overall Response Rate. **ND** = Not Done. **HER2** Score retrospectively assessed using archival tissue by a central IHC lab.

FDA granted evorpacept fast track designation for second-line treatment of HER2 positive GC

ALX ONCOLOGY

PHASE 1B ≥2 LINE GC TRIAL: EVORPACEPT + HERCEPTIN + CYRAMZA + PACLITAXEL

evorpacept in GASTRIC

Phase 1b higher dose + chemo trial:

Patients:

R/R HER2 positive GC, 2L or greater; Progressed on prior Herceptin and fluoropyrimidine or platinum.

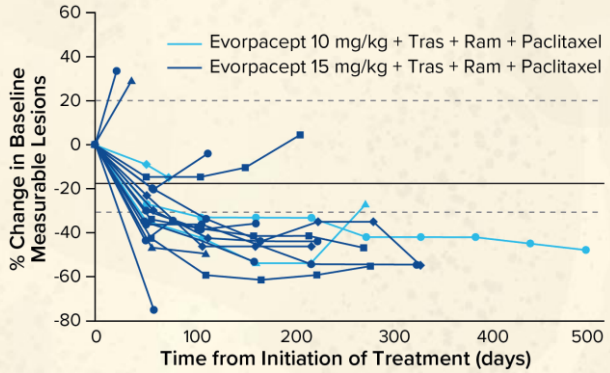
Treatment:

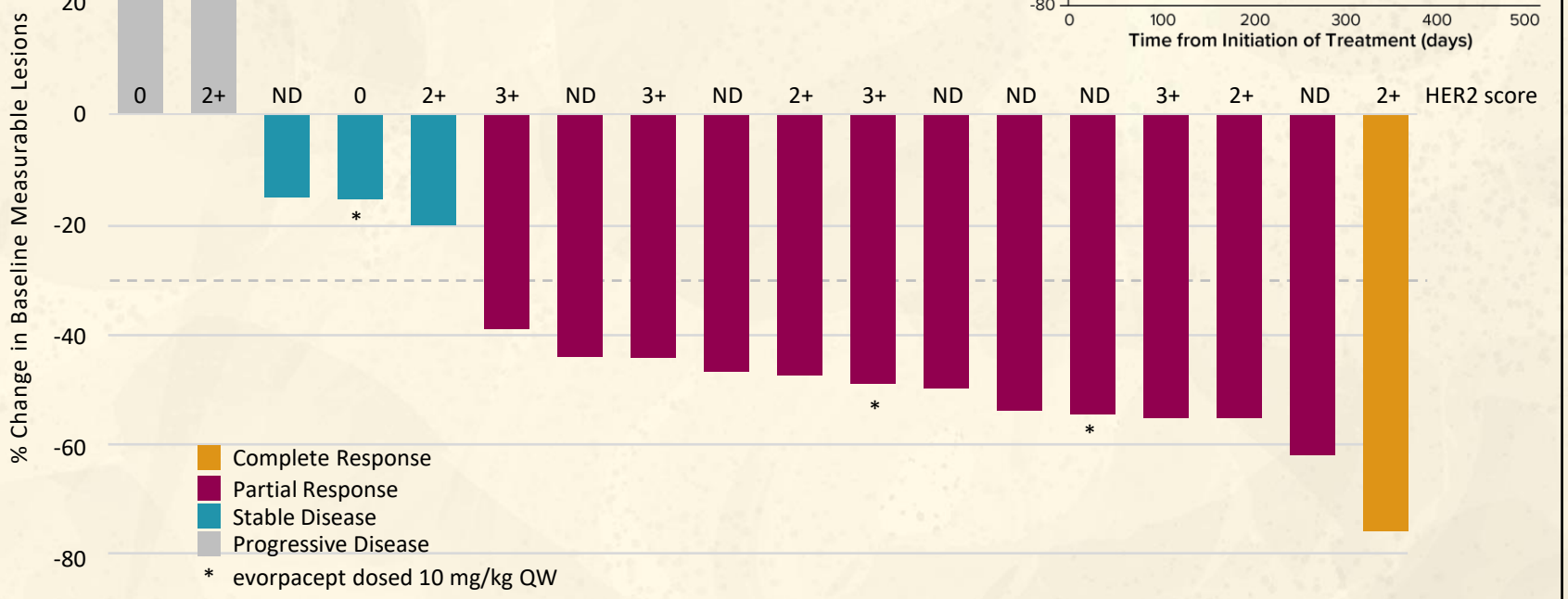
evorpacept 10 and 15 mg/kg (QW)
+ **Herceptin**
+ **Cyramza**
+ p**aclitaxel**

Endpoint:

- safety of combination
- anti-cancer activity

Population evorpacept dose	N	ORR (95% CI)	mPFS (95% CI)
2L GC evorpacept + Herceptin + Cyramza + paclitaxel	**18**	**72.2% (49.1%; 87.5%)**	**9.1 (3.8 ; NR)**
evorpacept (15mg/kg QW)	15	73.3% (48.1%; 89.1%)	NR
evorpacept (10mg/kg QW)	3	66.7% (20.8%; 93.9%)	NR





Data Cutoff May 03, 2021. ND = Not Done

ALX ONCOLOGY

SECOND LINE GC:
PLANNED RANDOMIZED PHASE 2 CLINICAL TRIAL, ASPEN-06

Randomized Phase 2:

Patients:
N=100

2L or greater HER2 positive GC
with prior HER2 targeted therapy

Treatment

evorpacept 30 mg/kg (Q2W)
+ Herceptin
+ Cyramza
+ paclitaxel

vs.

+ Herceptin
+ Cyramza
+ paclitaxel

Endpoint:
- Anticancer activity: including ORR, DOR, PFS, OS

Randomized Planned Phase 3:

Patients:

2L or greater HER2 positive GC
with prior HER2 targeted therapy

Treatment

evorpacept 30 mg/kg (Q2W)
+ Herceptin
+ Cyramza
+ paclitaxel

vs.

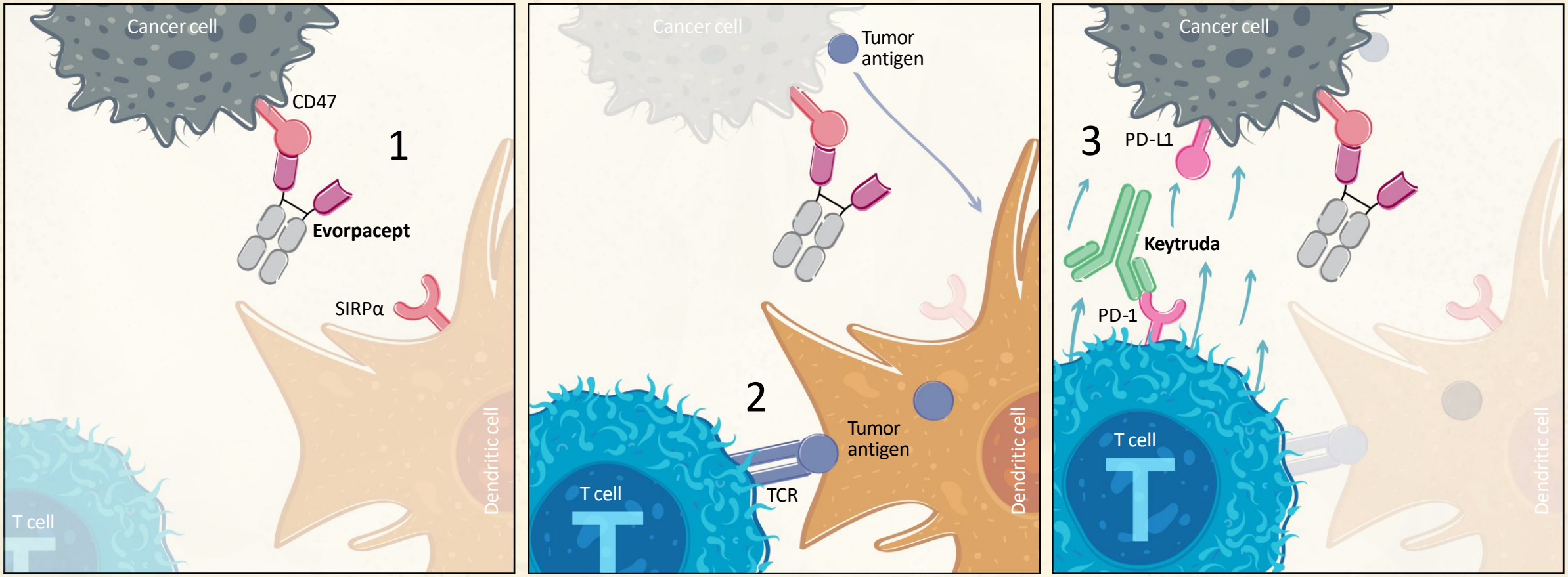
+ Cyramza
+ paclitaxel

Endpoint:
- Anticancer activity: including OS, PFS, ORR, DOR

ALX ONCOLOGY

Dosing schedules: Herceptin and Cyramza Q2W, paclitaxel on days 1, 8, and 15 of a 28-day cycle

HNSCC TRIAL: EVORPACEPT + KEYTRUDA MECHANISM OF ACTION



Evorpacept activates dendritic cells and enhances cross-priming of T cells

ALX ONCOLOGY

HNSCC STANDARD OF CARE & OPPORTUNITY

evorpacept in HNSCC

		ORR	mPFS (months)	mOS (months)	≥Gr3 TRAEs
1L	**Keytruda** + chemo[1] (KEYNOTE 048)	**36%**	**4.9**	**13.0**	**72%[2]**
	Keytruda monotherapy (KEYNOTE 048)	**17%**	**2.3**	**11.5**	**17%**
2L	**Keytruda monotherapy** (KEYNOTE 040)	**15%**	**2.1**	**8.4**	**13%**

- Keytruda monotherapy ORR of 15% in ≥2L CPI naïve HNSCC
- Significant unmet need
- Increasing use of Keytruda monotherapy[3]
- Keytruda 2020 WW Sales $14.4B[4]

[1]5FU + cisplatin or carboplatin.
[2]83% occurrence in chemo control arm.
[3]Wiley 2019, Real-world treatment patterns for patients with metastatic head and neck squamous cell carcinoma treated with immuno-oncology therapy.
[4]Merck 10-K February 25, 2021

ALX ONCOLOGY

HNSCC TRIALS: PATIENT BASELINE CHARACTERISTICS

		evorpacept + Keytruda ≥2L HNSCC (N=20)	evorpacept + Keytruda + 5FU/platinum 1L HNSCC (N=5)
Median age, years (range)		**62.5 (35-81)**	**61 (45-63)**
Sex, n	M	**15**	**4**
	F	**5**	**1**
Race, n	Asian	**6**	**4**
	White	**12**	**1**
	Other	**2**	**-**
ECOG PS, n	0	**7**	**4**
	1	**13**	**1**
Progressed upon prior CPI therapy, n (%)		**10 (50)**	**0 (0)**
Visceral distant metastasis, n (%)		**12 (60)**	**1 (20)**

PHASE 1B ≥2 LINE HNSCC TRIAL: EVORPACEPT + KEYTRUDA

Phase 1b ≥2L HNSCC trial:

Response evaluable patients

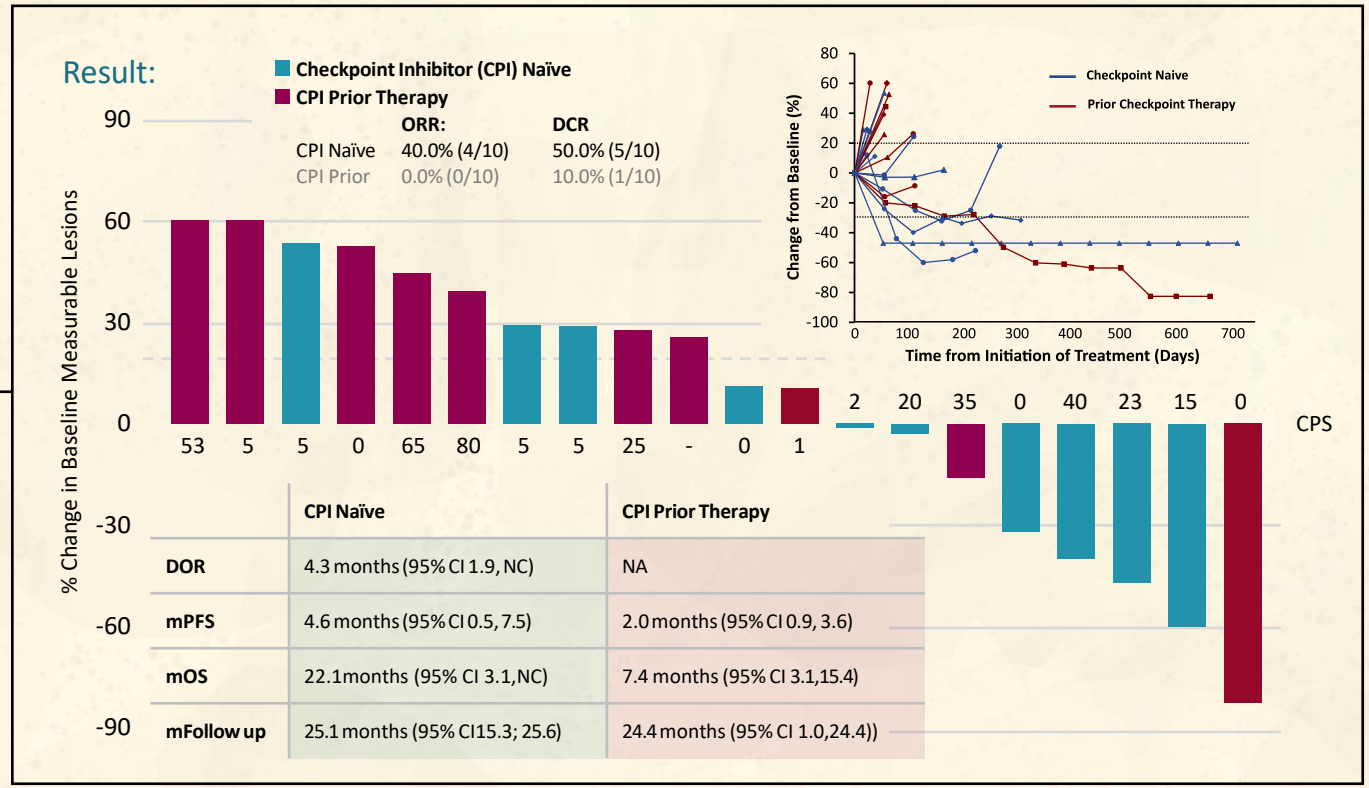
N=20: recurrent/metastatic HNSCC, at least one prior systemic therapy

Treatment:

evorpacept 10 mg/kg once a week (QW)
+
Keytruda
200 mg every three weeks (Q3W)

Endpoints:

- maximum tolerated dose
- anti-cancer activity



	CPI Naïve	CPI Prior Therapy
DOR	4.3 months (95% CI 1.9, NC)	NA
mPFS	4.6 months (95% CI 0.5, 7.5)	2.0 months (95% CI 0.9, 3.6)
mOS	22.1months (95% CI 3.1,NC)	7.4 months (95% CI 3.1,15.4)
mFollow up	25.1 months (95% CI15.3; 25.6)	24.4 months (95% CI 1.0,24.4))

Notes: Data Cutoff October 1, 2020. Patients who received at least one dose of evorpacept in the expansion phase, had a baseline assessment, and at least one post-baseline disease assessment.

ORR = Overall Response Rate. **DCR** = Disease Control Rate. **CPS =** Combined Positive Score.

FDA granted evorpacept Fast Track designation for first-line treatment of patients with HNSCC

ALX ONCOLOGY

PHASE 1B HNSCC: EVORPACEPT + KEYTRUDA + 5FU/PLATINUM FIRST LINE CHECKPOINT NAIVE

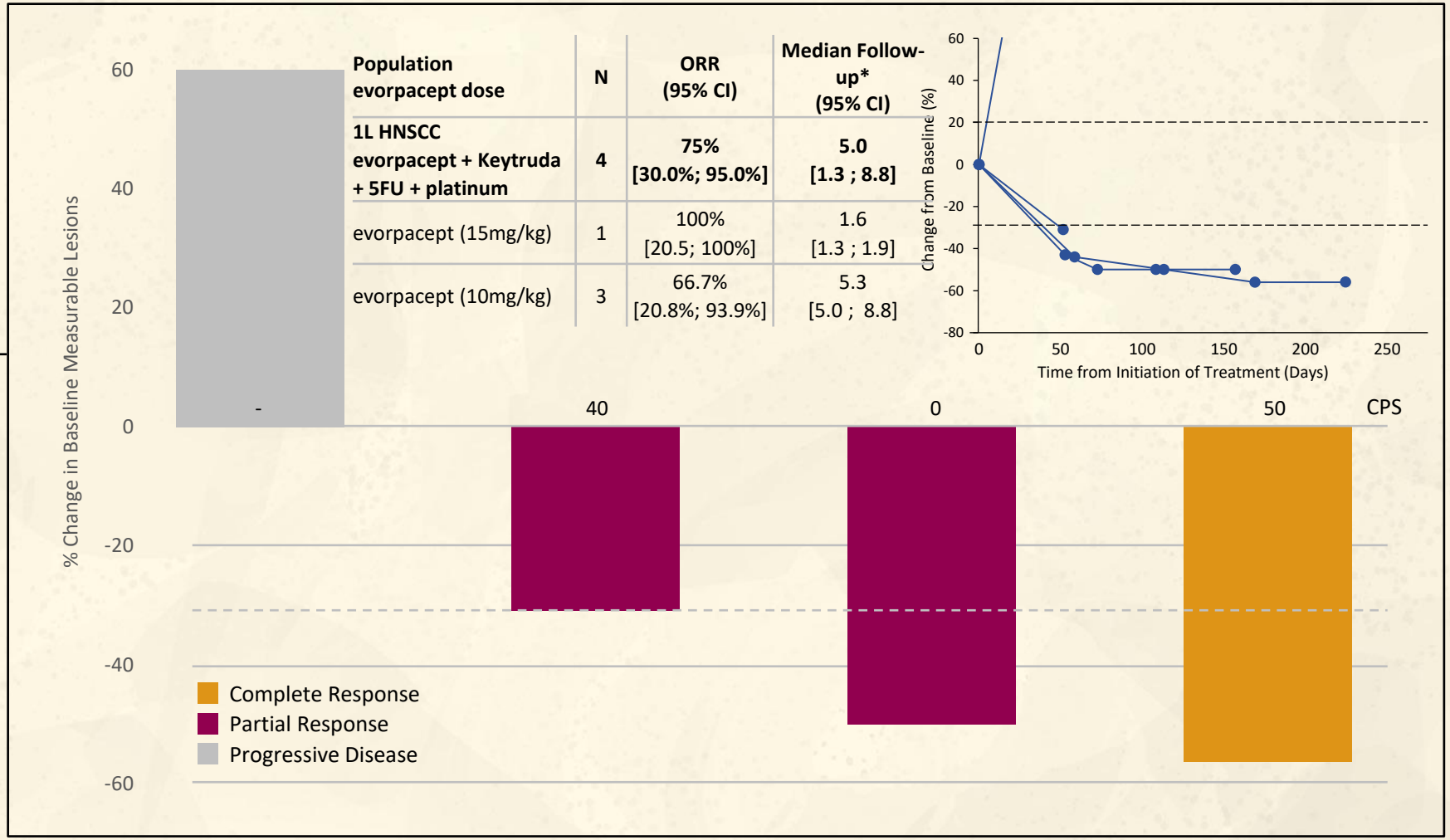
Phase 1b ≥1L HNSCC dose confirmation:

Treatment:

evorpacept 10 & 15 mg/kg (QW)
+ Keytruda
+ 5FU
+ Cisplatin or carboplatin

No prior treatment for advanced disease

Population evorpacept dose	N	ORR (95% CI)	Median Follow-up* (95% CI)
1L HNSCC evorpacept + Keytruda + 5FU + platinum	**4**	**75% [30.0%; 95.0%]**	**5.0 [1.3 ; 8.8]**
evorpacept (15mg/kg)	1	100% [20.5; 100%]	1.6 [1.3 ; 1.9]
evorpacept (10mg/kg)	3	66.7% [20.8%; 93.9%]	5.3 [5.0 ; 8.8]

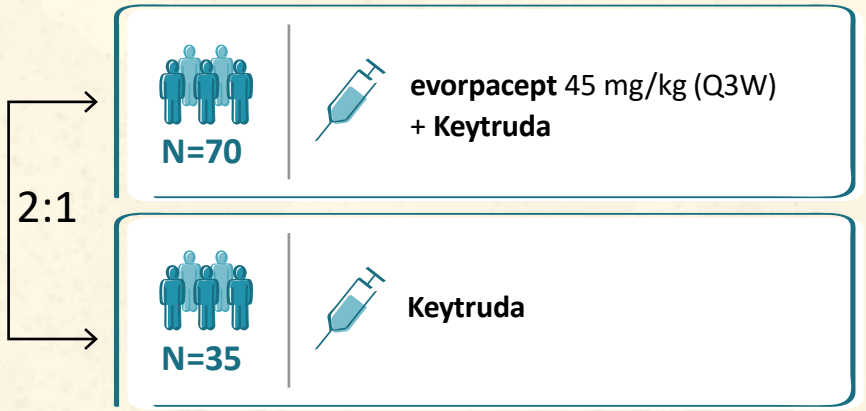


Data Cutoff October 1, 2020
* Intent to treat population: HNSCC (10 + 15 mg/kg) N=5; HNSCC (15 mg/kg) N=2

FIRST LINE HEAD & NECK CANCER: PHASE 2 DEVELOPMENT PLAN, ASPEN-03 AND ASPEN-04

evorpacept
+
Keytruda

ASPEN-03 Phase 2 trial: Open for Accrual



(Safety lead-in prior to randomization)

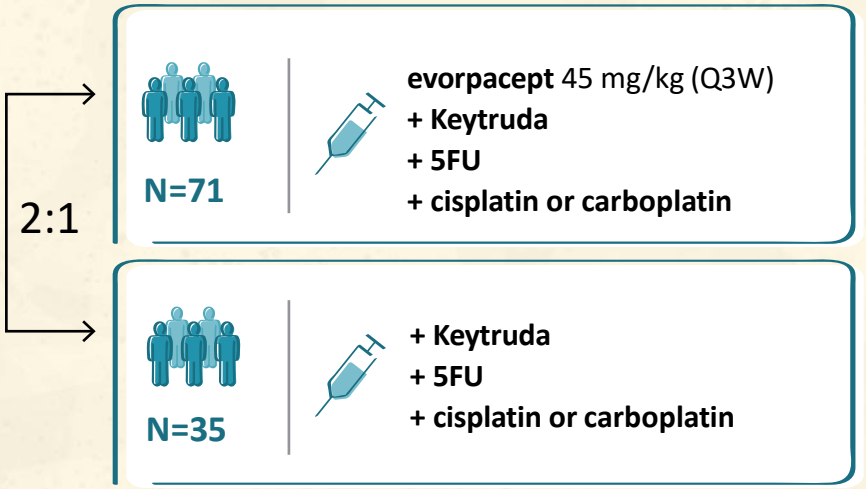
- **First patient enrolled May 2021**

Endpoint:

- ORR (from benchmark of 17% to goal of 33%)

evorpacept
+
Keytruda
+
chemo

ASPEN-04 Phase 2 trial:



(Safety lead-in prior to randomization)

- **First patient enrolled July 2021**

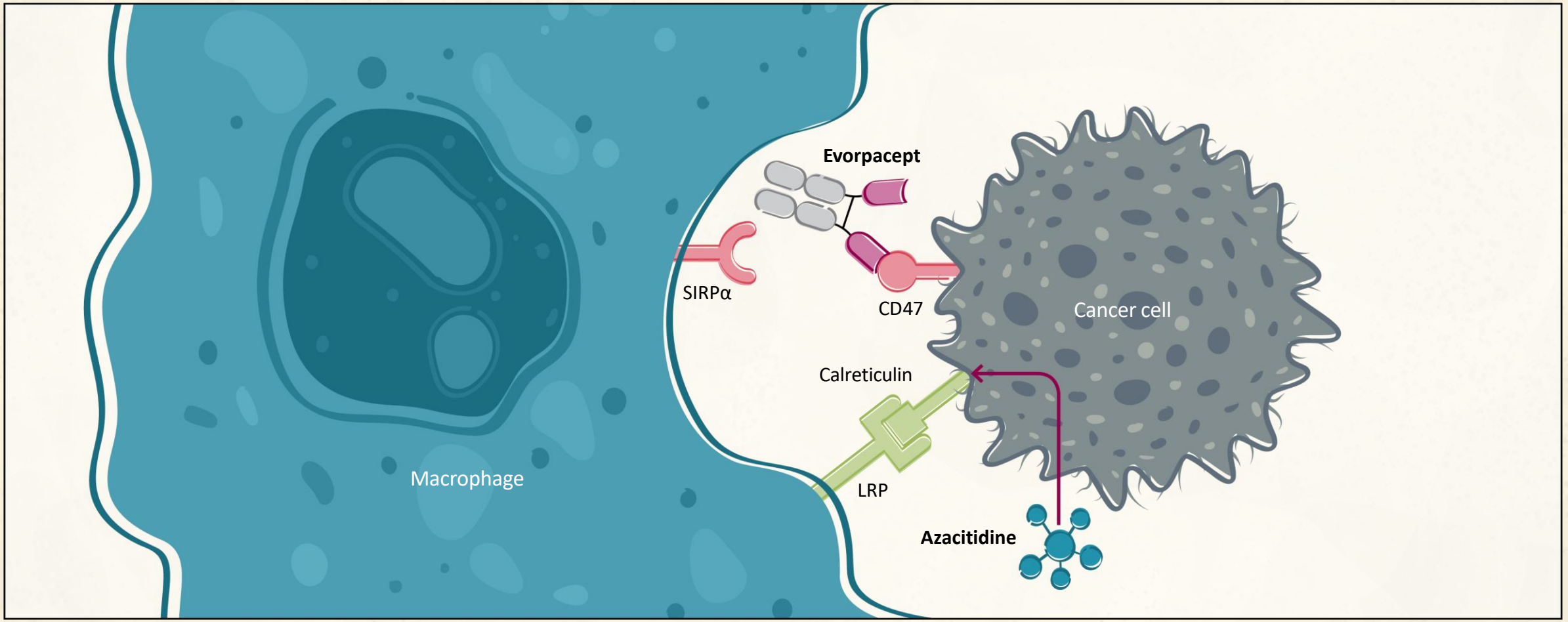
Endpoint:

- ORR (from benchmark of 36% to goal of 54%)

ALX ONCOLOGY

Dosing schedules: Keytruda and chemotherapy Q3W

MDS TRIAL: EVORPACEPT + AZACITIDINE MECHANISM OF ACTION



Evorpacept increases pro-phagocytic signal provided by azacitidine

ALX ONCOLOGY

CD47 BLOCKADE IS CLINICALLY VALIDATED WITH SIGNIFICANT OPPORTUNITY TO IMPROVE ON MAGROLIMAB

Best Overall Response	1L MDS N=33
ORR	30 (91%)
CR	14 (42%)
CRi	NA
PR	1 (3%)
MLFS/marrow CR	8 (24%) 4 with marrow CR + HI
Hematologic improvement (HI)	7 (21%)
SD	3 (9%)
PD	0

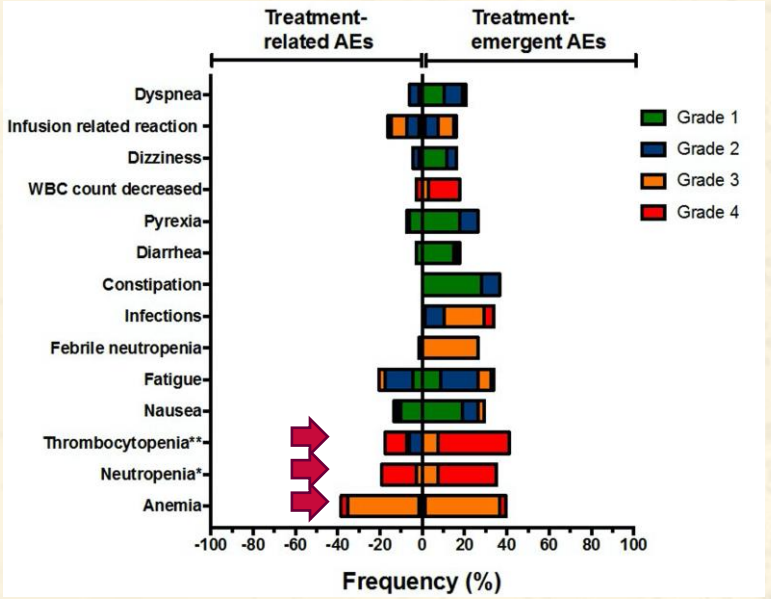
Magrolimab with azacitidine

Sallman, ASCO 2020

Best Overall Response	R/R AML/MDS 5F9 mono N=10
ORR	1 (10%)
CR	0
CRi	0
PR	0
MLFS/ marrow CR	1 (10%)
HI	-
SD	7(70%)
PD	2 (20%)

Magrolimab monotherapy

Sallman, ASCO 2019



All grade TRAEs:
38% Anemia
19% Neutropenia
18% Thrombocytopenia

Sallman, ASCO 2020

CD47 blocker 5F9 (magrolimab) shows complete responses only when paired with azacitidine, and causes frequent incidence of treatment-related, high-grade cytopenia

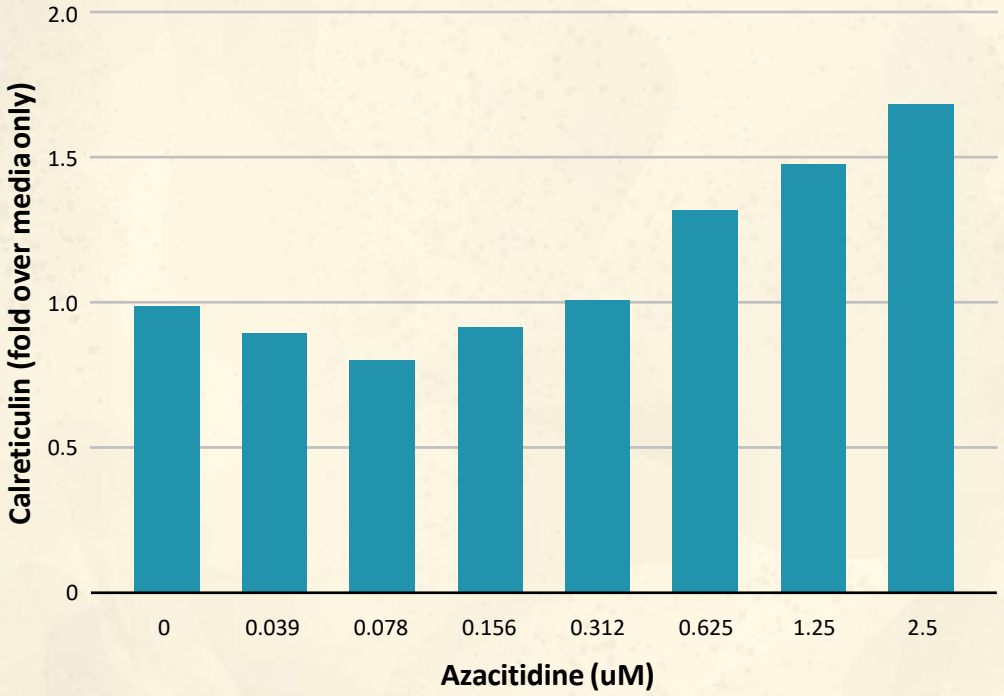
ALX ONCOLOGY

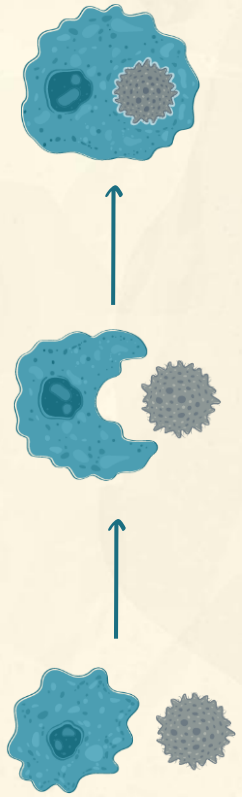
ORR = overall response rate.
CR = complete response rate.
CRi = complete remission with incomplete hematological recovery

MLFS = morphologic leukemia free state
SD = stable disease
PD = progressive disease

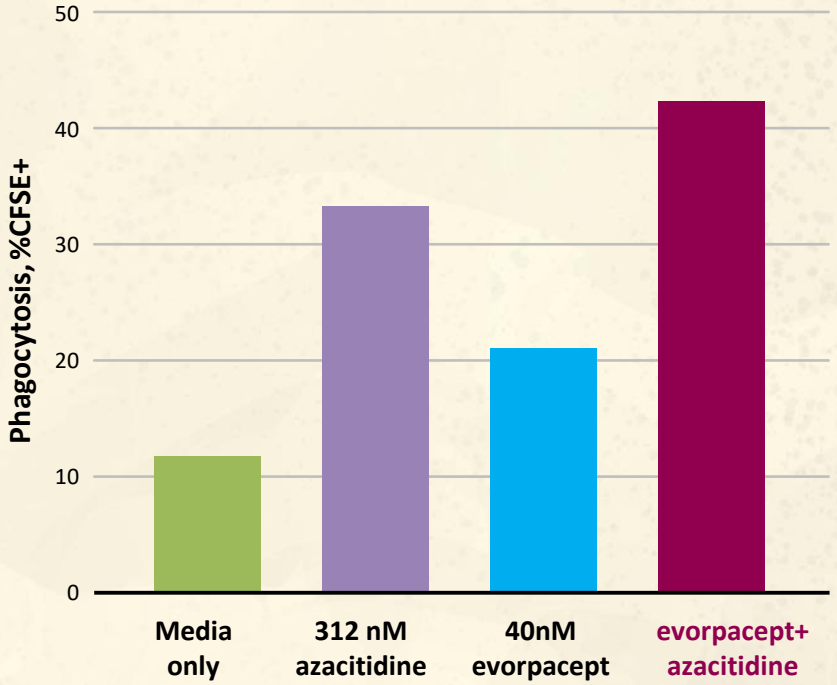
PRECLINICAL: EVORPACEPT INCREASES PHAGOCYTOSIS OF BACKBONE MDS DRUG, AZACITIDINE

Calreticulin levels on HL60 Cells





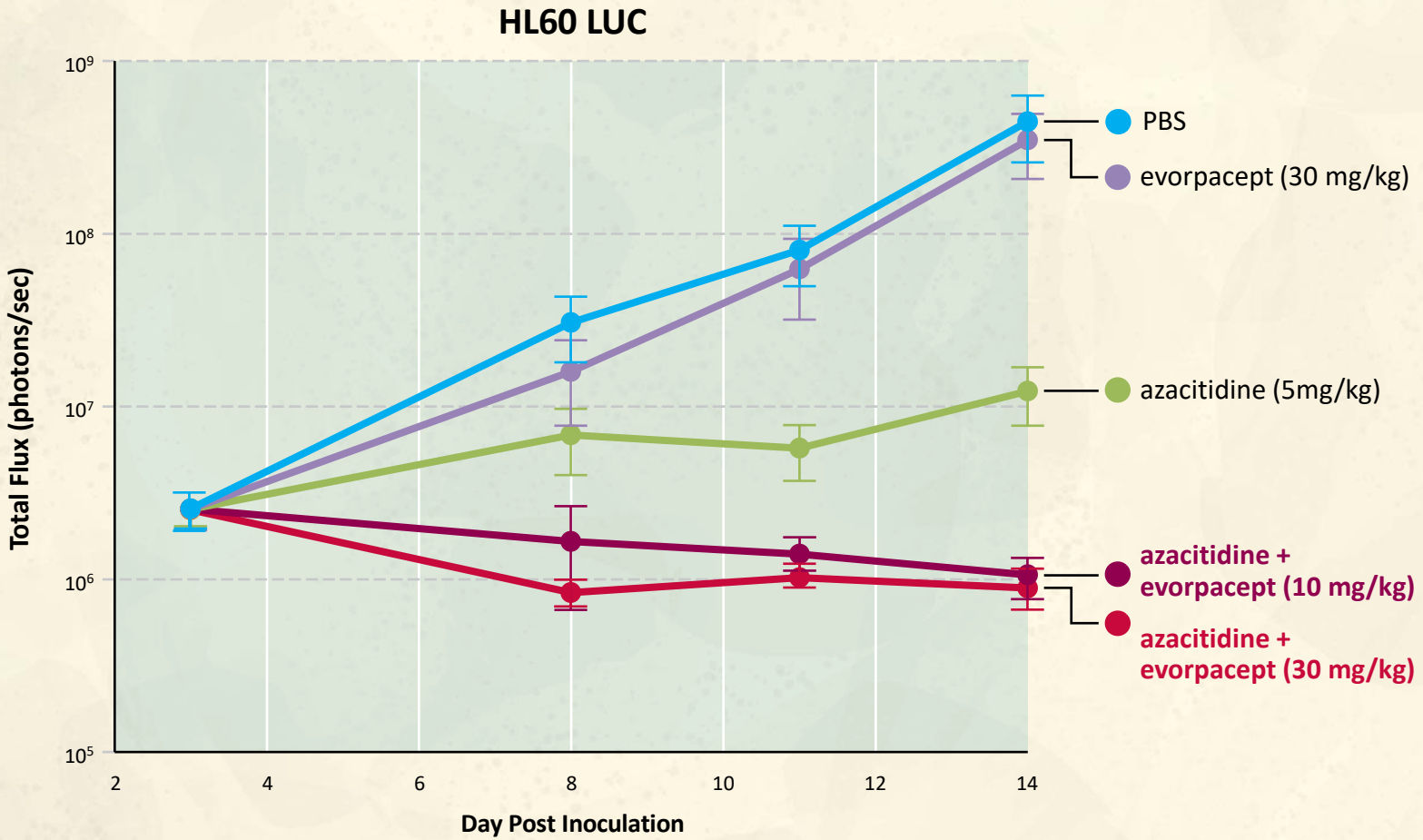
Phagocytosis of HL60 Cells



Azacitidine induces calreticulin display.
Evorpacept increases phagocytosis in combination with azacitidine.

ALX ONCOLOGY

EVORPACEPT INCREASES TUMOR INHIBITION OF AZACITIDINE

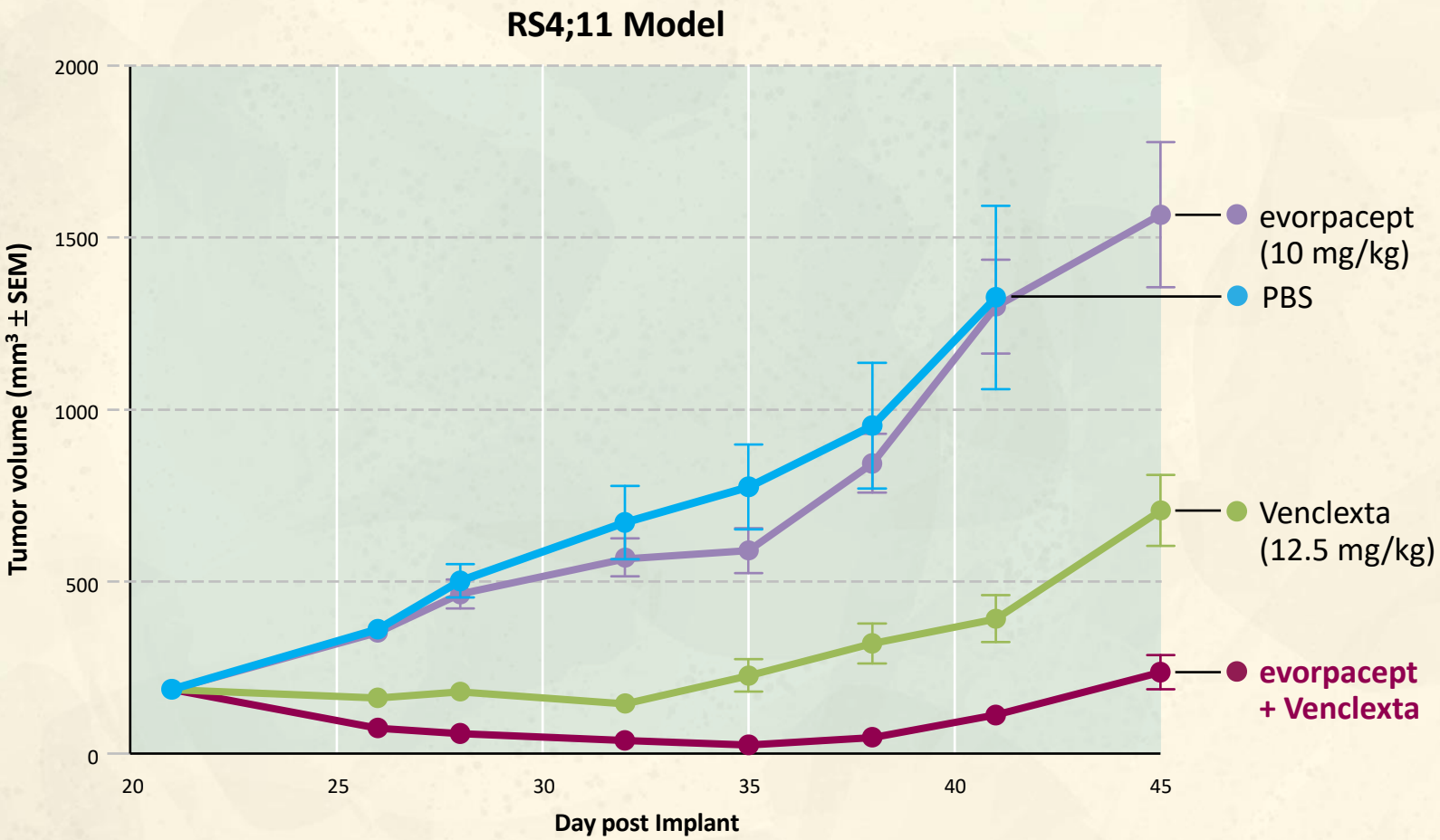


Disseminated AML mouse model

Combination opportunity in MDS and AML

ALX ONCOLOGY

EVORPACEPT INCREASES TUMOR INHIBITION OF VENCLEXTA



Combination opportunity in AML

ALX ONCOLOGY

MDS TRIAL PLANS, ASPEN-02

Phase 1 trial: Open for Accrual

Patients:

N=~24

R/R and treatment naïve

IPSS-R intermediate,

high, very high risk MDS

Treatment:

evorpacept
20 mg/kg (Q2W)
30 mg/kg (Q2W)
or 60 mg/kg (Q4W)
+
azacitidine
75 mg/m^2 daily for 7 days
of 28 day cycle

Endpoint:

- safety of combination

Phase 2 Randomized Trial

Patients:

treatment naïve

IPSS-R intermediate, high, very

high risk MDS

Treatment:

evorpacept
recommended phase 2 dose
+
azacitidine

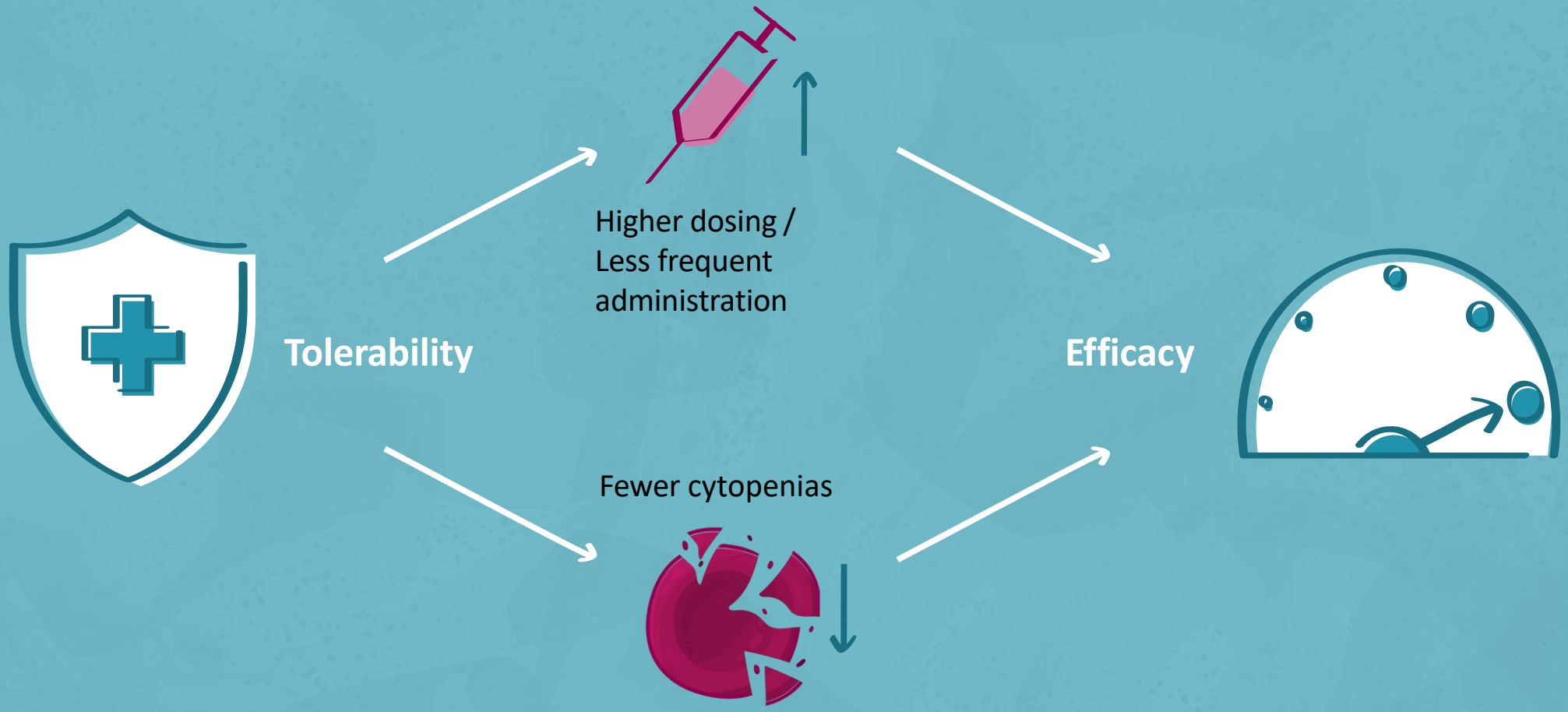
vs.
azacitidine

Endpoint:

- complete response rate (CRR)
(from benchmark of 17% to goal of 35%)

ALX ONCOLOGY

EVORPACEPT DIFFERENTIATION POTENTIAL ENABLED BY TOLERABILITY

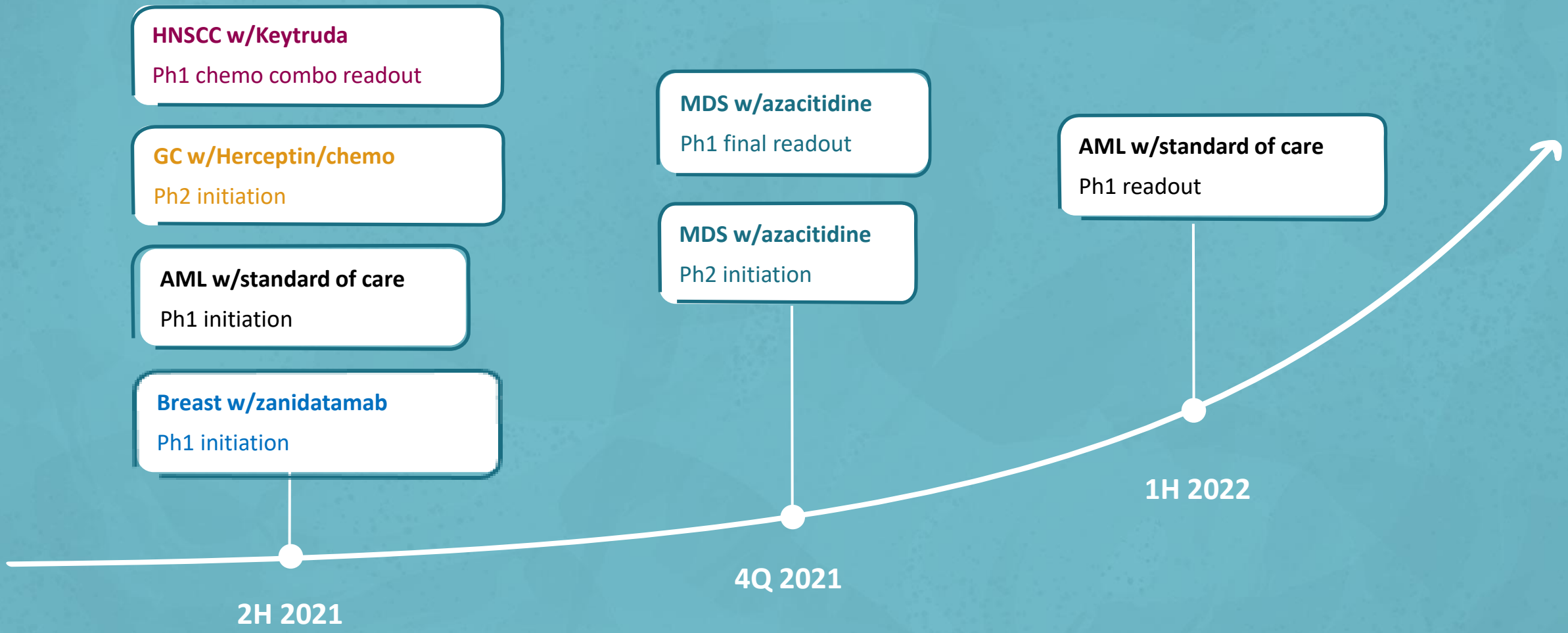


EVORPACEPT SUMMARY

- Evorpacept tolerability profile enables combination with range of agents
- Evorpacept higher dosing and smaller molecular weight facilitate tumor penetration for greater efficacy
- Clinical proof-of-principle in hematologic and solid tumors
- Evorpacept is the only CD47 blocker to show encouraging response data in solid tumor indications

ALX ONCOLOGY

EVORPACEPT DEVELOPMENT PROGRESS AND FUTURE PLANS



ALX ONCOLOGY

EARLY STAGE PIPELINE:
SIRPα-TRAAC COLLABORATION

ALX ONCOLOGY

ALX ONCOLOGY AND TALLAC THERAPEUTICS 50/50 JOINT COLLABORATION ON NOVEL SIRPα ANTIBODY – TLR9 AGONIST CONJUGATE (SIRPα TRAAC)

Provides SIRPα antibody

- CD47-SIPRα is a dominant myeloid checkpoint mechanism where SIRPα is expressed on myeloid and dendritic cells as well as on a range of tumor cells.
- SIRPα expression on tumor cells enables tumor microenvironment localization of SIRPα TRAAC.

Provides TRAAC platform and TLR9 agonist

- Toll-like receptor 9 (TLR9) is a key receptor in the innate immune response.
- Synthetic CpG oligonucleotides (CpG ODNs) are potent TLR9 agonists that stimulate antitumoral cytokine production and immune activation.
- Novel Toll-like receptor agonist antibody conjugation platform (TRAAC) enables systemic delivery of targeted TLR9 activation.

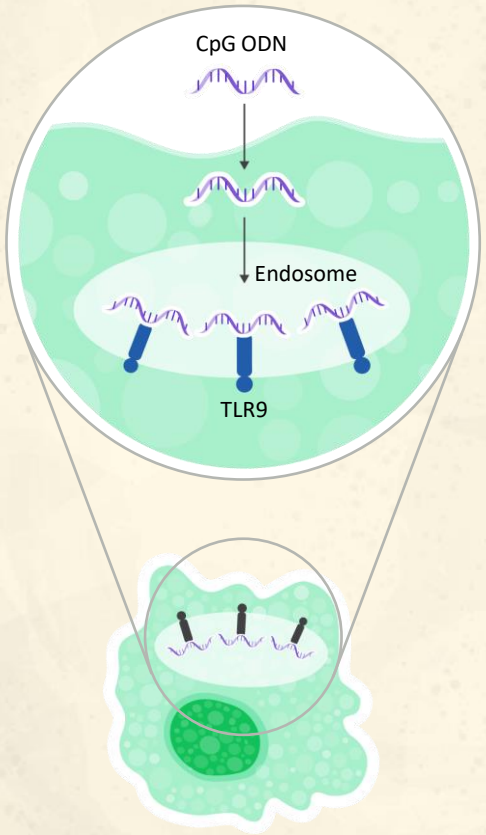
SIRPα TRAAC induces targeted immune activation, bridging innate and adaptive immune responses.

SIRPα TRAAC simultaneously overrides "don't eat me" signals by blocking CD47-SIRPα myeloid checkpoint pathway and induces TLR9-based immune activation in antigen presenting cells (APCs).

TOLL-LIKE RECEPTOR 9 (TLR9): A KEY INNATE PATHWAY

PROOF-OF-CONCEPT DATA IN MELANOMA PATIENTS WITH INTRATUMORAL TLR9 AGONISTS

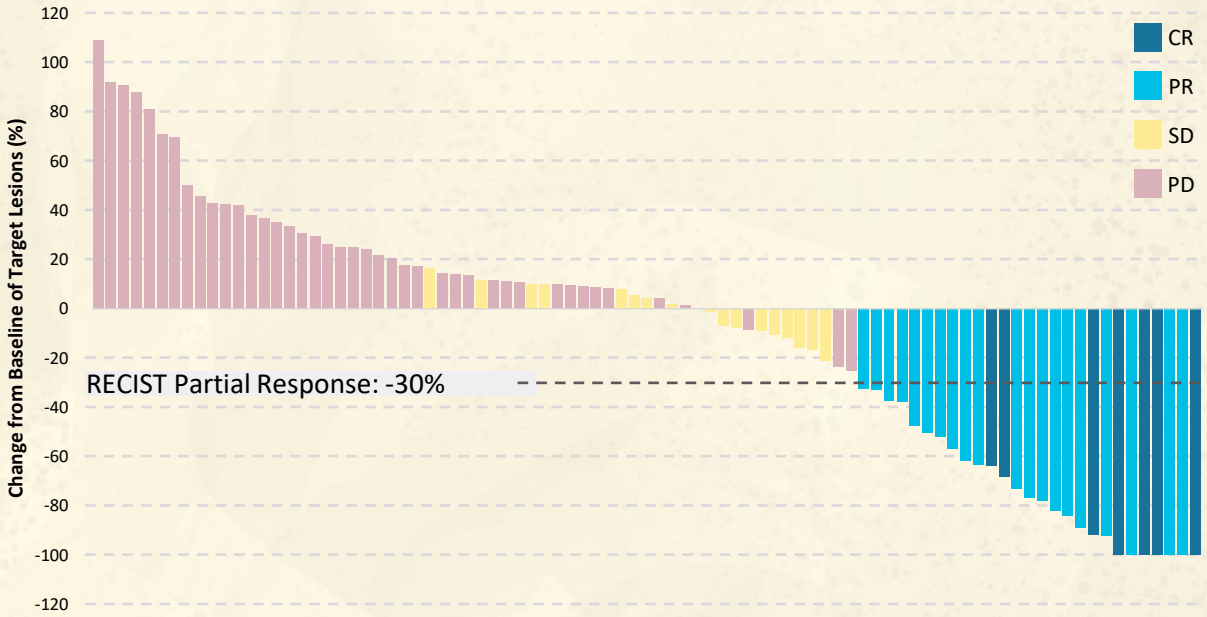
TLR9 stimulation by CpG ODN leads to immune cell activation



CpG ODN uptake

Immune activation

Intratumoral programs have demonstrated clinical activity



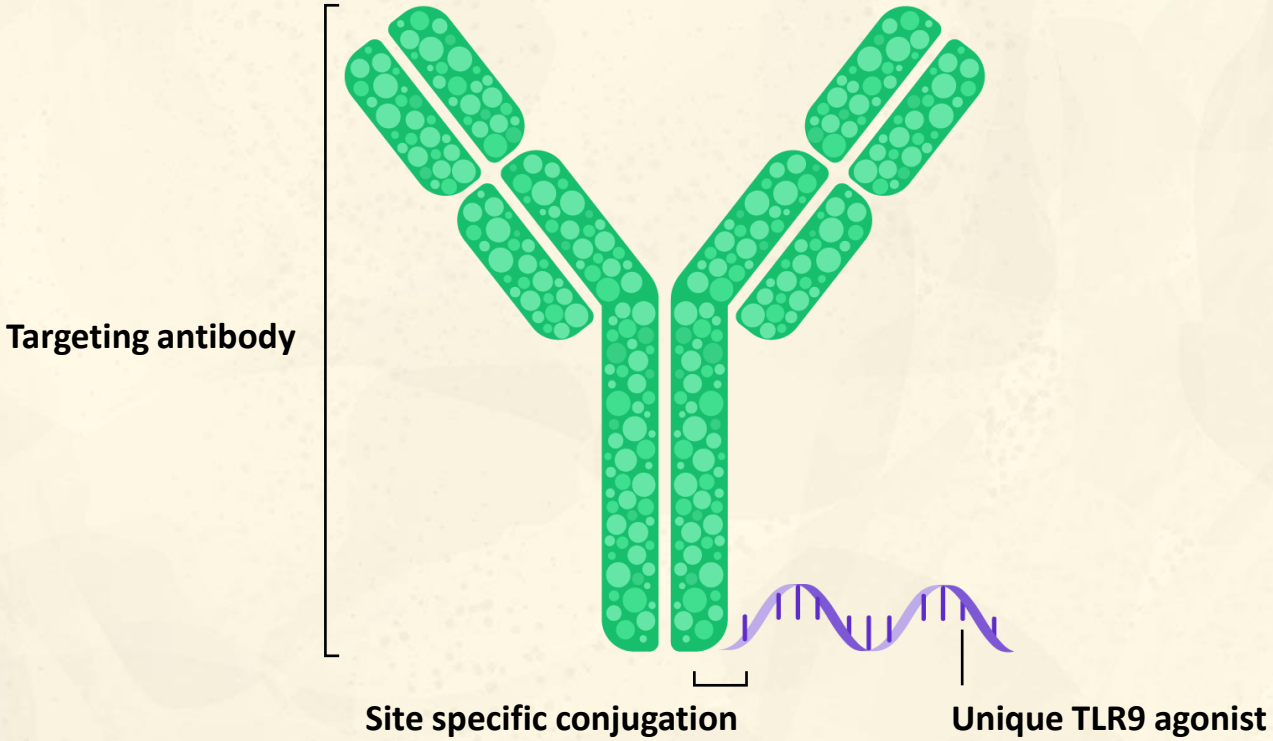
CMP-001 (Checkmate) + Pembrolizumab in Anti-PD-1 Refractory Melanoma, [1-4]Checkmate, S1 2020.

Additional clinical data from SD-101 (Dynavax), IMO-2125 (Idera) and AST-008 (Exicure) further validate TLR9 agonism in cancer.

ALX ONCOLOGY

TALLAC TRAAC PLATFORM: SYSTEMIC, TARGETED IMMUNE ACTIVATION
ANTIBODY DIRECTS TLR9 AGONIST (T-CPG) TO SPECIFIC IMMUNE CELLS

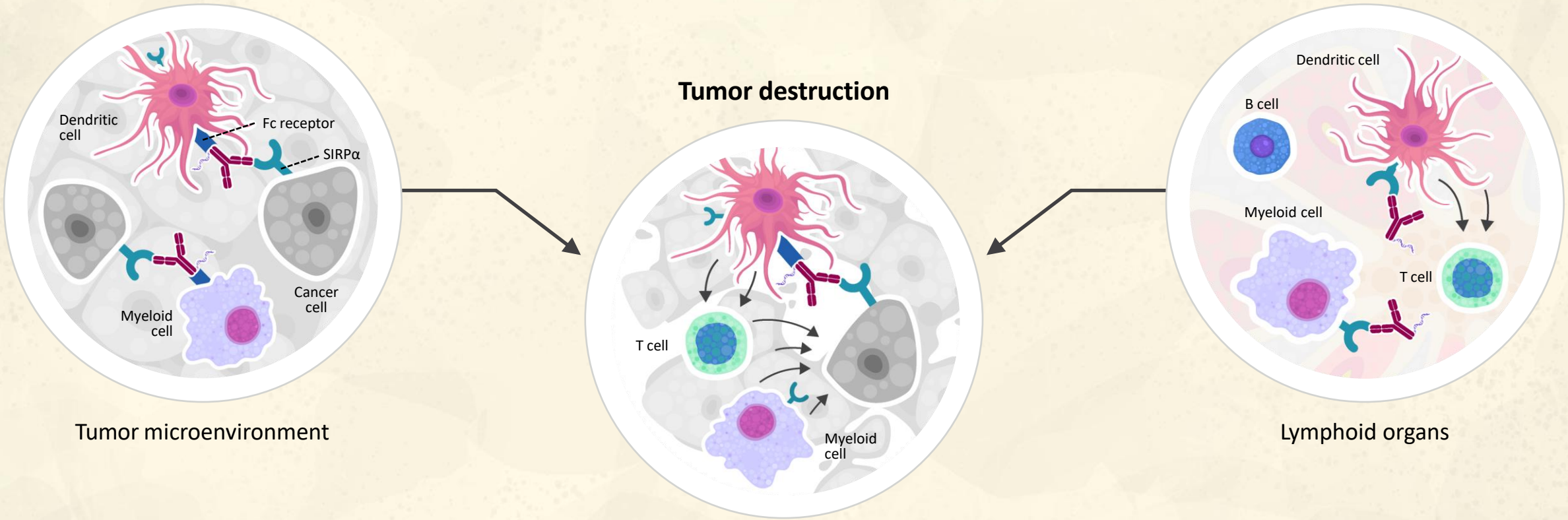
TLR9 Agonist Antibody Conjugate (TRAAC):
Systemic dosing with cell specific TLR9 activation



Targeted-CpG (T-CpG) designed specifically for compatibility with antibody conjugation, superior PK, receptor-mediated uptake and TLR9 stimulation

ALX ONCOLOGY

SIRPα IS EXPRESSED ON MYELOID AND DENDRITIC CELLS AS WELL AS SELECTED TUMOR TYPES



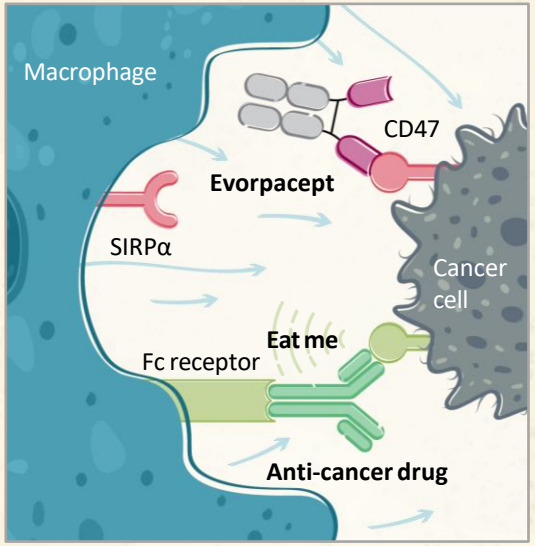
- SIRPα TRAAC binding to myeloid cells targets TLR9 activation in myeloid cells that matter (e.g. dendritic cells).
- SIRPα expression on tumor cells enables tumor microenvironment localization of SIRPα TRAAC.
- SIRPα TRAAC blocks CD47-SIRPα myeloid checkpoint pathway.

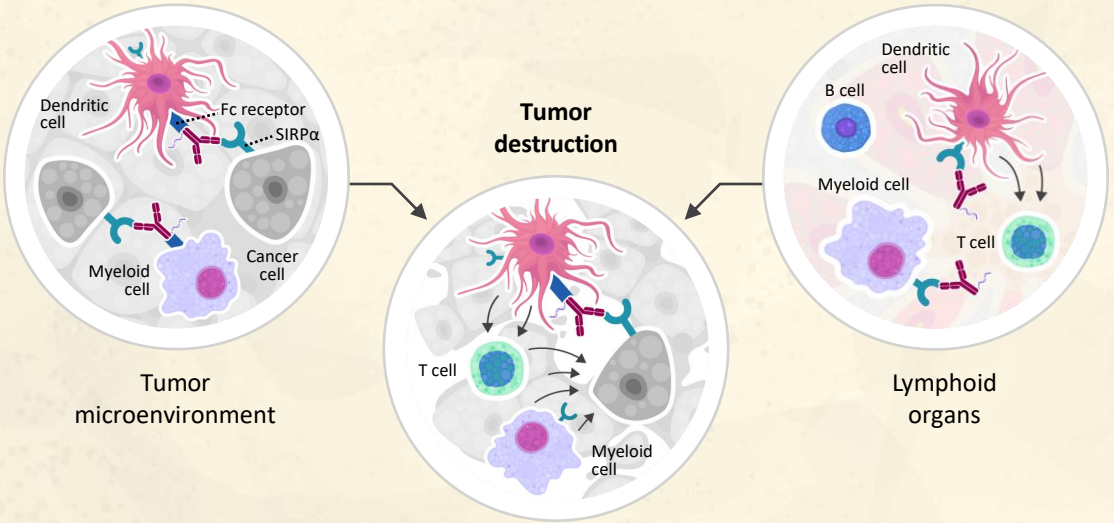
ALX ONCOLOGY

SIRPα TRAAC PROGRAM IS COMPLEMENTARY TO EVORPACEPT

Evorpacept is an antagonistic molecule designed to maximize the activity of a wide array of anti-cancer agents by blockade of the CD47 myeloid checkpoint.

Removal of the CD47 inhibitory signal requires constant, full blockade of the pathway.





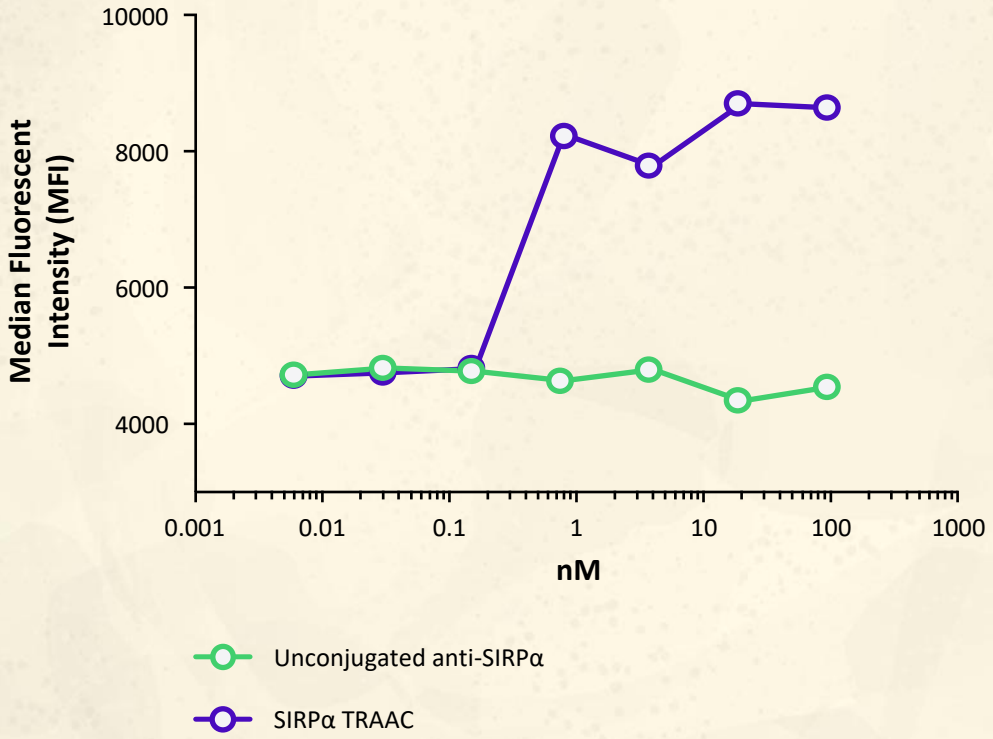
SIRPα TRAAC is an agonistic molecule that directly activates dendritic cells and initiates a coordinated innate and adaptive immune response against cancer.

In the case of agonistic molecules (TLR9 agonist), constant blockade is not required.

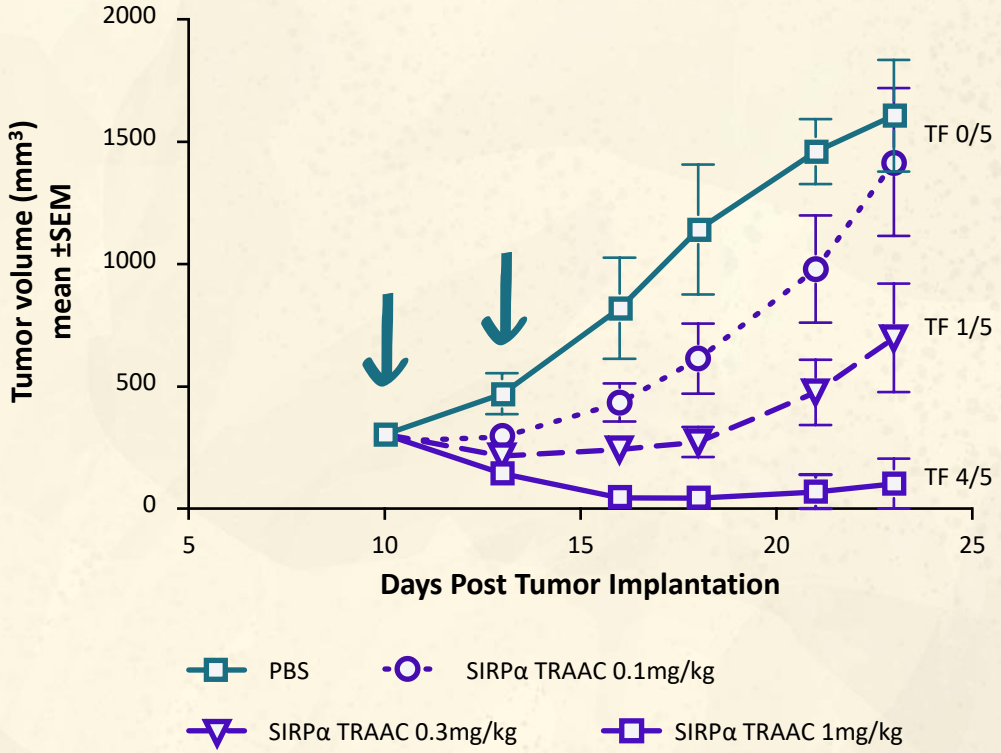
ALX ONCOLOGY

SIRPα TRAAC INDUCES POTENT AND SELECTIVE IMMUNE ACTIVATION AND LEADS TO POTENT SINGLE AGENT ACTIVITY IN TUMOR MODELS

Human dendritic cells
Activation Marker CD86



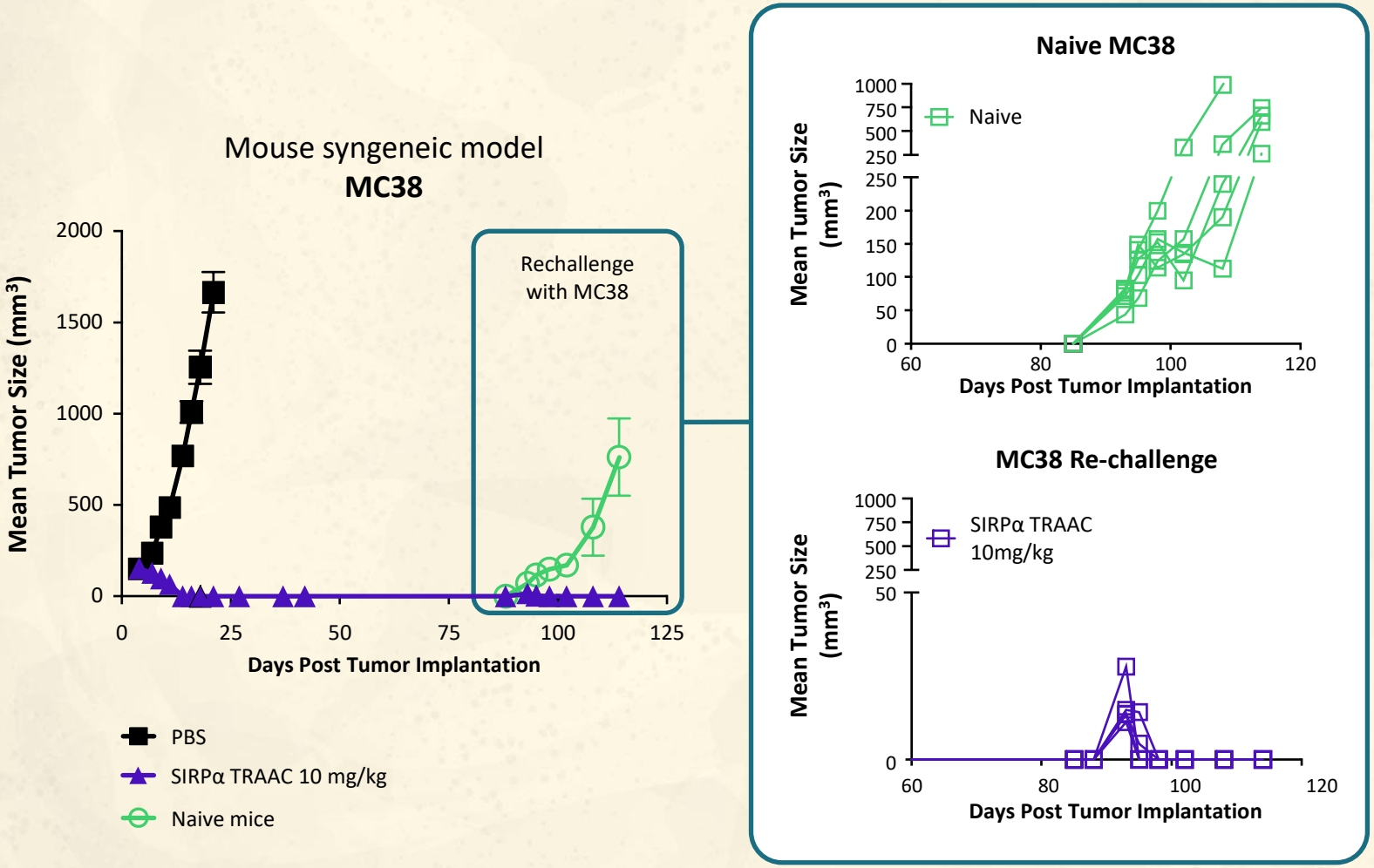
Mouse syngeneic model
CT26



Harrabi et al., SITC, 2020

ALX ONCOLOGY

SYSTEMIC ADMINISTRATION OF SIRPα TRAAC GENERATES DURABLE ANTI-TUMOR RESPONSE AND IMMUNOLOGICAL MEMORY

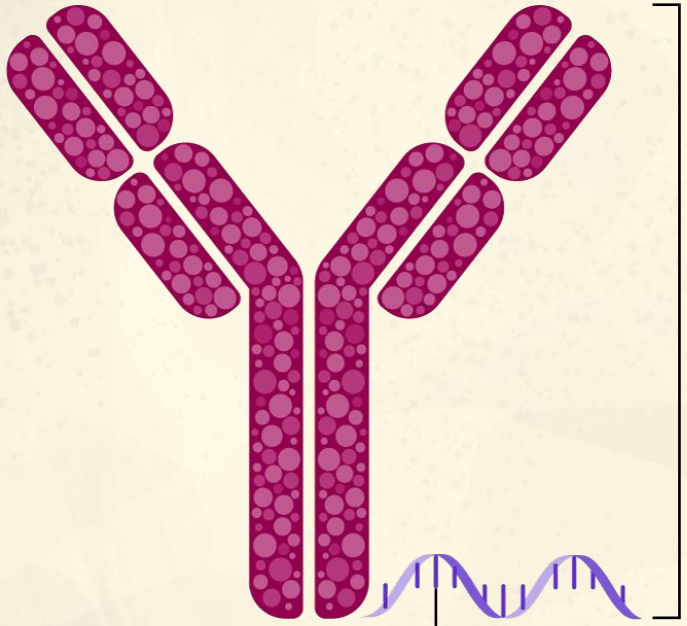


Harrabi et al., SITC, 2020

- Established MC38 tumors were eradicated following 10 mg/kg 2q3d systemic treatment with SIRPα TRAAC.
- These tumor free mice were then re-challenged 60-70 days post tumor clearance.
- SIRPα TRAAC treatment group demonstrated immune protection from the tumor re-challenge.
- Naïve age-matched mice were used as control for tumor growth.

ALX ONCOLOGY

ALTA-002: TARGETING IMMUNE ACTIVATION TO WHERE IT MATTERS



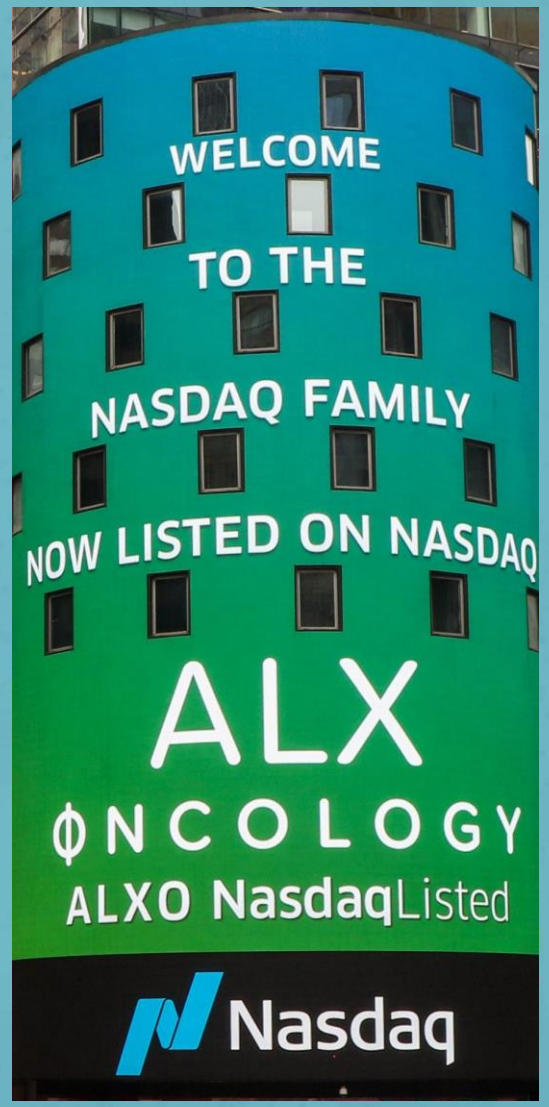
- SIRPα TRAAC binding to myeloid cells targets TLR9 activation in key myeloid cells (e.g. dendritic cells).
- SIRPα expression on tumor cells enables localization of SIRPα TRAAC to tumor microenvironment.
- SIRPα TRAAC blocks CD47-SIRPα myeloid checkpoint pathway.
- Antibody-like PK profile allows for convenient dosing.
- Antibody conjugate produced through established manufacturing processes.

IND expected end of 2022

ALX ONCOLOGY

FINANCIAL INFORMATION

- Consummated IPO on July 21, 2020
- Closed follow-on offering on December 14, 2020
  - Gross proceeds of $208.0 million
  - 2.737 million shares at $76 per share
- Cash and cash equivalents as of June 30, 2021:
  - $410.0 million
- Expected cash runway through 2024



ALX ONCOLOGY

STRONG INTELLECTUAL PROPERTY

Robust patent position

- COM patent expiry: 2036 (w/o PTE)
- U.S. patent 10,259,859 granted
- Exclusive, worldwide rights to high affinity SIRPα licensed from Stanford
- Key IP generated in-house
- Non-exclusive, worldwide rights to a broad background CD47 patent portfolio from Stanford

ALX ONCOLOGY

WHY INVEST IN ALX ONCOLOGY: LEADER IN CD47 THERAPY

- CD47 is a novel immune checkpoint pathway with clinical proof-of-concept
- Clinical proof-of-principle in hematologic and solid tumors
- Evorpacept is a CD47 blocker with potential for greater efficacy and tolerability due to unique mechanism of action
- Growing pipeline in myeloid biology

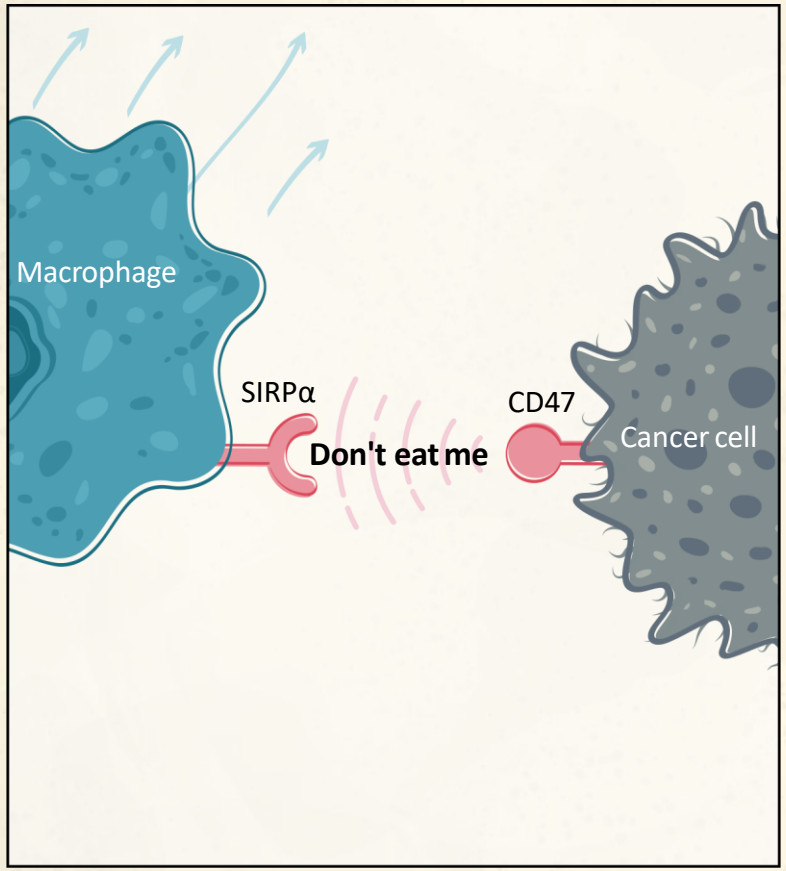
ALX ONCOLOGY

BACKUP SLIDES

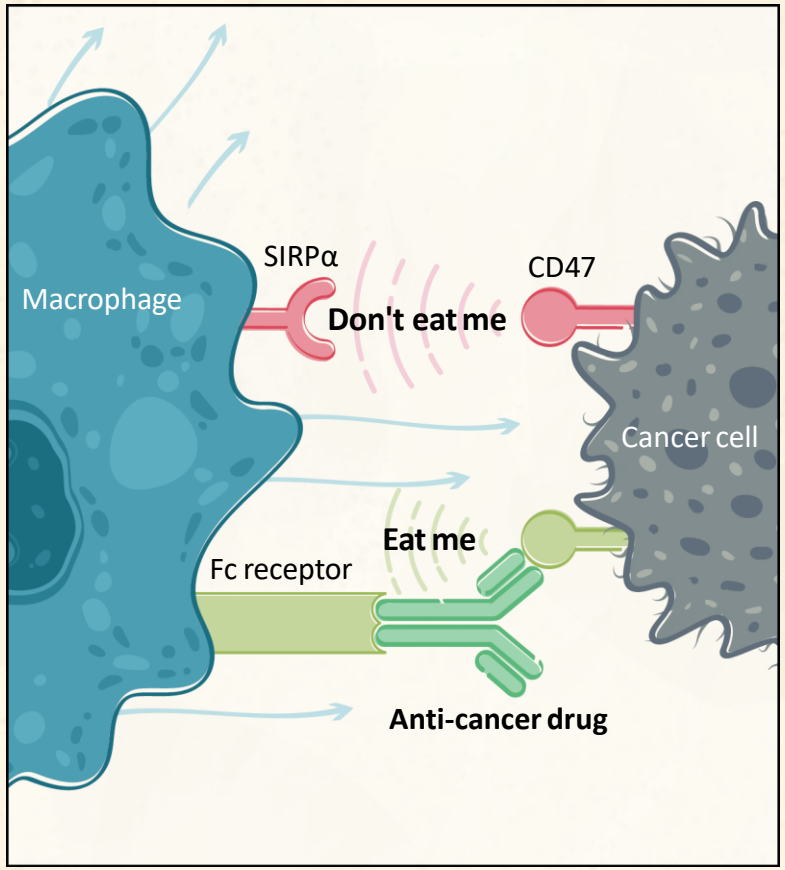
ALX ONCOLOGY

CD47 MECHANISM OF ACTION AS MYELOID CHECKPOINT

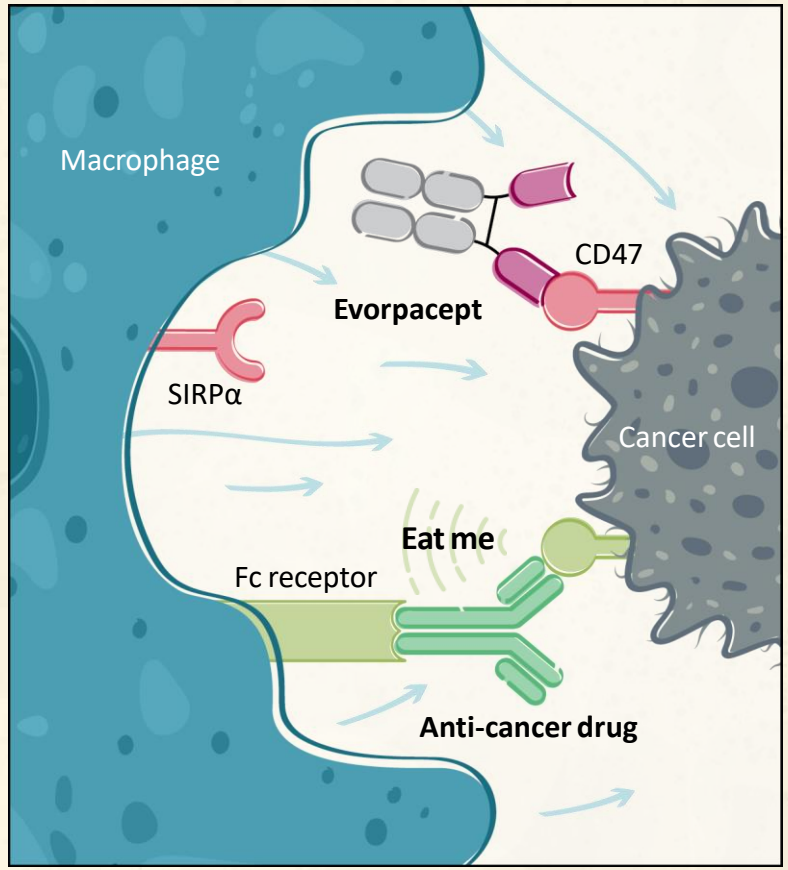
Basal state:



Anti-cancer drug alone:



Evorpacept combined with anti-cancer drug:



Evorpacept: designed to work with partner anti-cancer drugs to maximize phagocytosis of cancer cells

ALX ONCOLOGY

NHL TOLERABILITY

Selected hematologic, treatment related adverse events	evorpacept + Rituxan (N=33)[1]		CC-90002 + Rituxan (n=26)[2]		5F9 (magrolimab) + Rituxan (n=115)[3]	
	Total % (n)	≥Grade 3	Total % (n)	≥Grade 3	Total %	≥Grade 3
Neutropenia	**6% (2)**	**6% (2)**	**50% (13)**	**39% (10)**	**~13%**	**~7%**
Thrombocytopenia/ Decreased Platelets	**-**	**-**	**35% (9)**	**23% (6)**	**~20%**	**~13%**
Anemia	**6% (2)**	**3% (1)**	**12% (3)**	**4% (1)**	**~30%**	**~15%**

[1]ASH 2020 Abstract 3016
[2]ASH 2019 Abstract 4089
[3]EHA 2019 Abstract S867

Evorpacept: Tolerability profile compares favorably to other CD47 blockers

ALX ONCOLOGY

MAGROLIMAB NHL RESPONSE RATES AND DOSING

DLBCL w/ Rituxan	Ph1	Ph2
N	21	38
Dosing (mg/kg)	up to 30 **Weekly**	30 and 45 **Every Other Week**
ORR	48%	29%
CR	33%	5%
PR	14%	24%

Reduced dosing led to reduced overall response rate in NHL

ORR = overall response rate.
CR = complete response rate.
PR = partial response rate.

EHA 2019 Abstract S867

ALX ONCOLOGY

NHL: PRELIMINARY CLINICAL TOLERABILITY

evorpacept + Rituximab (N=33)

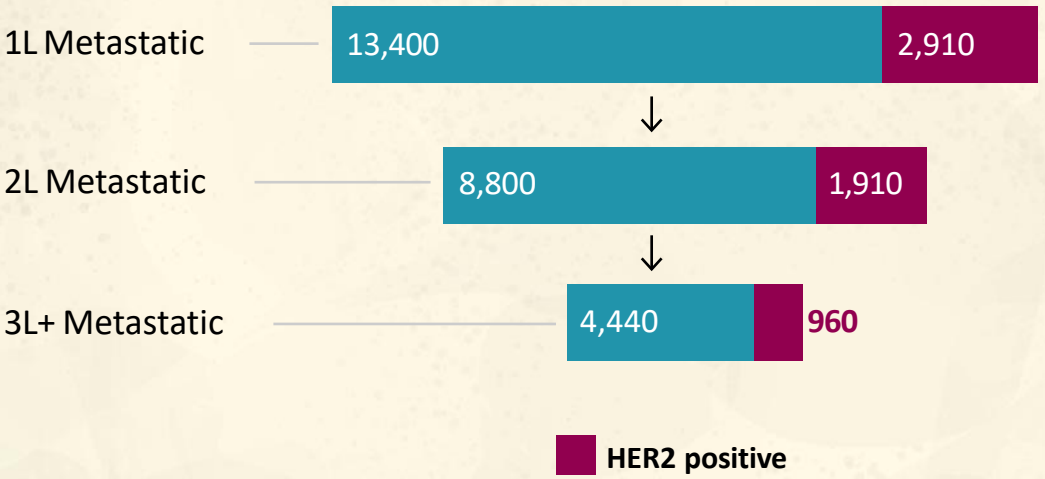
Treatment Related Adverse Event	Total n (%)	≥Grade 3 n (%)
Rash	**8 (24.2)**	—
Fatigue	**4 (12.1)**	—
Nausea	**2 (6.1)**	—
Neutrophil Count Decreased	**2 (6.1)**	**2 (6.1)**
Anemia	**2 (6.1)**	**1 (3.0)**
Myalgia	**2 (6.1)**	—
Pruritus	**2 (6.1)**	—

Data Cutoff: October 1, 2020

HER2 POSITIVE GC UNMET NEED

evorpacept in GASTRIC

2020 US patient population by line of systemic therapy[1]



- Herceptin is an anti-HER2 antibody that has multiple FDA approvals in patients with HER2 positive cancers
- Clinical trials show that re-treatment with Herceptin has no activity in 2L HER2 positive gastric cancer[3]

5-year OS in metastatic gastric cancer is only 6%[2]

ALX ONCOLOGY

[1]DRG Gastroesophageal Cancer published December 2019, HER2+ rate of ~17%.
[2] SEER 18
[3]Makiyama J. Clin Oncology 2020

PHASE 1B ≥2 LINE GC TRIAL: EVORPACEPT + HERCEPTIN + CYRAMZA + PACLITAXEL TREATMENT RELATED ADVERSE EVENTS

Treatment Related Adverse Events

evorpacept + trastuzumab + ramucirumab + paclitaxel (N=18)

Adverse Event	Total n(%) evorpacept 10 mg/kg QW	Total n(%) evorpacept 15 mg/kg QW
Diarrhea	-	3(16.7)
Rash	-	3(16.7)
Urticaria	-	3(16.7)
Pruritus	-	2(11.1)
Fatigue	1(5.6)	1(5.6)
Lymphocyte count decreased	-	1(5.6)
Abdominal pain	-	1(5.6)
Anemia	-	1(5.6)
Back pain	-	1(5.6)
Dermatitis acneiform	-	1(5.6)
Stomatitis	-	1(5.6)
Vision blurred	-	1(5.6)

≥ Grade 3 Adverse Events

evorpacept + trastuzumab + ramucirumab + paclitaxel (N=18)

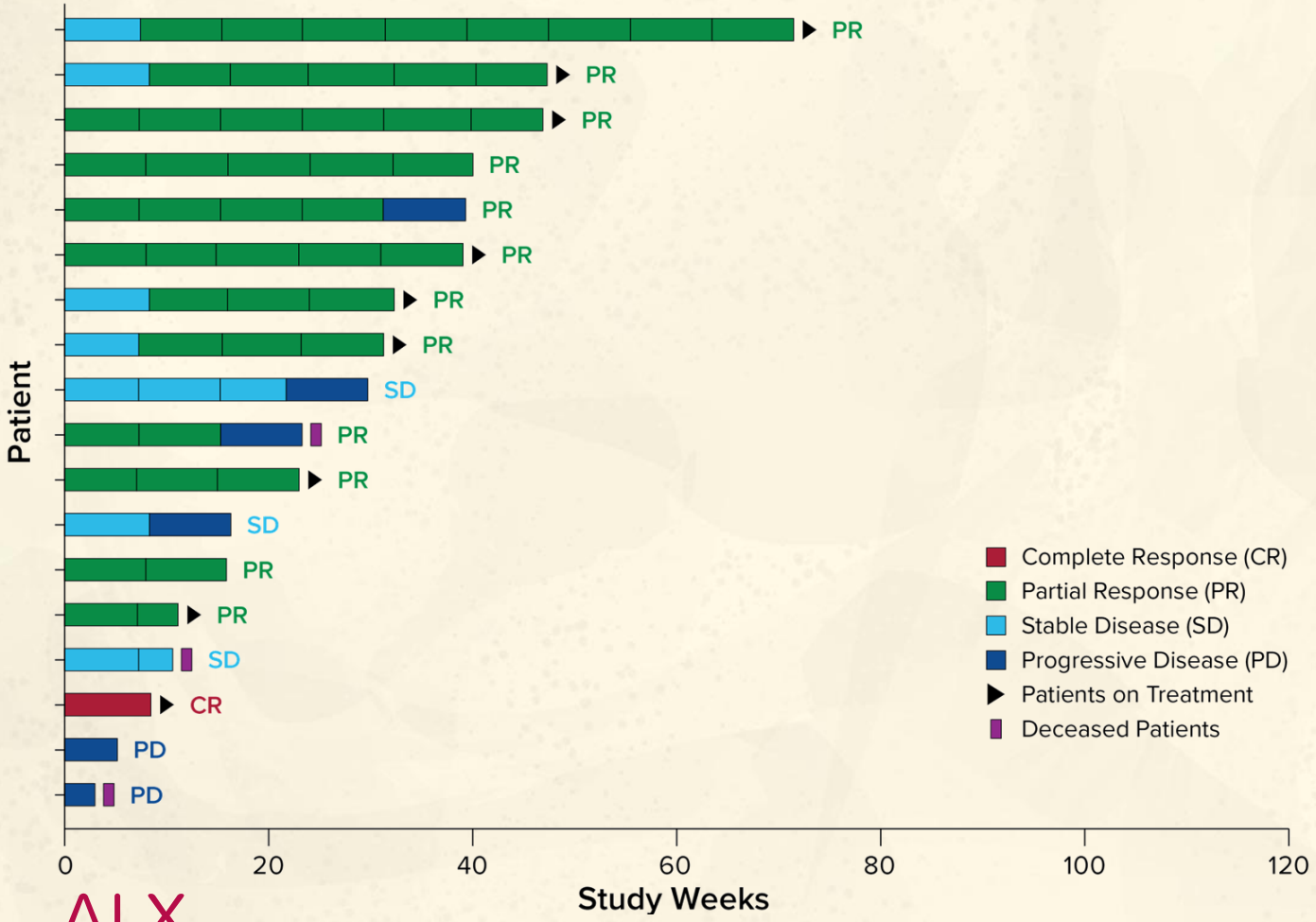
Adverse Event	Total n(%) All Causality				Total n(%) Related			
Grade	3		4		3		4	
evorpacept dose QW	10 mg/kg	15 mg/kg	10 mg/kg	15 mg/kg	10 mg/kg	15 mg/kg	10 mg/kg	15 mg/kg
Neutrophil count decreased	1(5.6)	4(22.2)	1(5.6)	1(5.6)	-	-	-	-
Hypertension	2(11.1)	4(22.2)	-	-	-	-	-	-
Anemia	-	3(16.7)	-	-	-	-	-	-
Fatigue	-	2(11.1)	-	-	-	-	-	-
Hypophosphatemia	-	1(5.6)	-	-	-	-	-	-
Lymphocyte count decreased	-	1(5.6)	-	-	-	1(5.6)	-	-
Platelet count decreased	-	1(5.6)	-	-	-	-	-	-
Urinary tract infection	-	1(5.6)	-	-	-	-	-	-
Aspartate aminotransferase increased	-	1(5.6)	-	-	-	-	-	-
Asthenia	-	1(5.6)	-	-	-	-	-	-
Diverticulitis	-	1(5.6)	-	-	-	-	-	-
Dysphagia	-	1(5.6)	-	-	-	-	-	-
Non-cardiac chest pain	-	1(5.6)	-	-	-	-	-	-

ALX ONCOLOGY

Data Cutoff May 03, 2021

PHASE 1B ≥2 LINE GC TRIAL:
EVORPACEPT + HERCEPTIN + CYRAMZA + PACLITAXEL
BEST OVERALL AND DURATION OF RESPONSE WHILE ON TREATMENT

≥2L HER2 positive GC



ALX ONCOLOGY

Data Cutoff May 03, 2021

CLINICAL ACTIVITY OF EVORPACEPT COMBINATIONS IN RESPONSE EVALUABLE PATIENTS WITH ≥2L HER2 POSITIVE GC CANCER

Population	N (EVAL)	ORR (%) [95% CI]	DOR (m) [95% CI]	PFS (m) [95% CI]	PFS rate at 6 m	OS (m) [95% CI]	0S rate at 12 m	Follow up (m) [95% CI]
≥2L Gastric (evorpacept -10 mg/kg or 15 mg/kg + tras/ram/pac)	18	72.2 [49.1% ; 87.5%]	NR	9.1 [3.8 ; NR]	74.5%	NR	75.8%	10.5 [4.8 ; 12.5]
Gastric (evorpacept-10 mg/kg + TRP)	3	66.7 [20.8% ; 93.9%]	NR	NR	100%	NR	66.7%	14.3 [12.0;NR]
Gastric (evorpacept-15 mg/kg + TRP)	15	73.3 [48.1% ; 89.1%]	NR	NR	68.3%	NR	80.8%	9.4 [4.2 ; 12.5]
≥2L Gastric tras/ram/paclitaxel Rha et al ASCO 2021[3]	50	52	5.1	7.4	-	13.6	-	22.9
3L Gastric Enhertu DESTINY 01[1]	126	41	11.3	5.6	43%	12.5	52%	-
≥2L Gastric ramucirumab/paclitaxel RAINBOW-ASIA Region3[2]	109	34	-	5.5	-	12.1	-	7.9
≥2L Gastric (evorpacept-10 mg/kg + tras)	19	21.1 [8.5% ; 43.3%]	8.7 [5.6; NR]	2.2 [1.9 ; 5.5]	16.7%	8.1 [3.4 ; 12.6]	38.2%	27.0 [NR]
≥3L Gastric Irinotecan or Paclitaxel DESTINY 01ControlArm[1]	62	11.3	3.9	3.5	21%	8.4	29%	-

ALX ONCOLOGY

[1]Enhertu product insert, and Shitara et al, NEJM June 18, 2020; [2]Wilke et al, Lancet October 2014;
[3]Rha et al #4063 ASCO 2021 (trastuzumab dosed 4 mg/kg loading followed by 2mg/kg QW)

PHASE 1B FIRST LINE HNSCC: EVORPACEPT + KEYTRUDA + 5FU/PLATINUM TREATMENT RELATED ADVERSE EVENTS

No TRAEs were reported in 1L HNSCC patients (n=5)

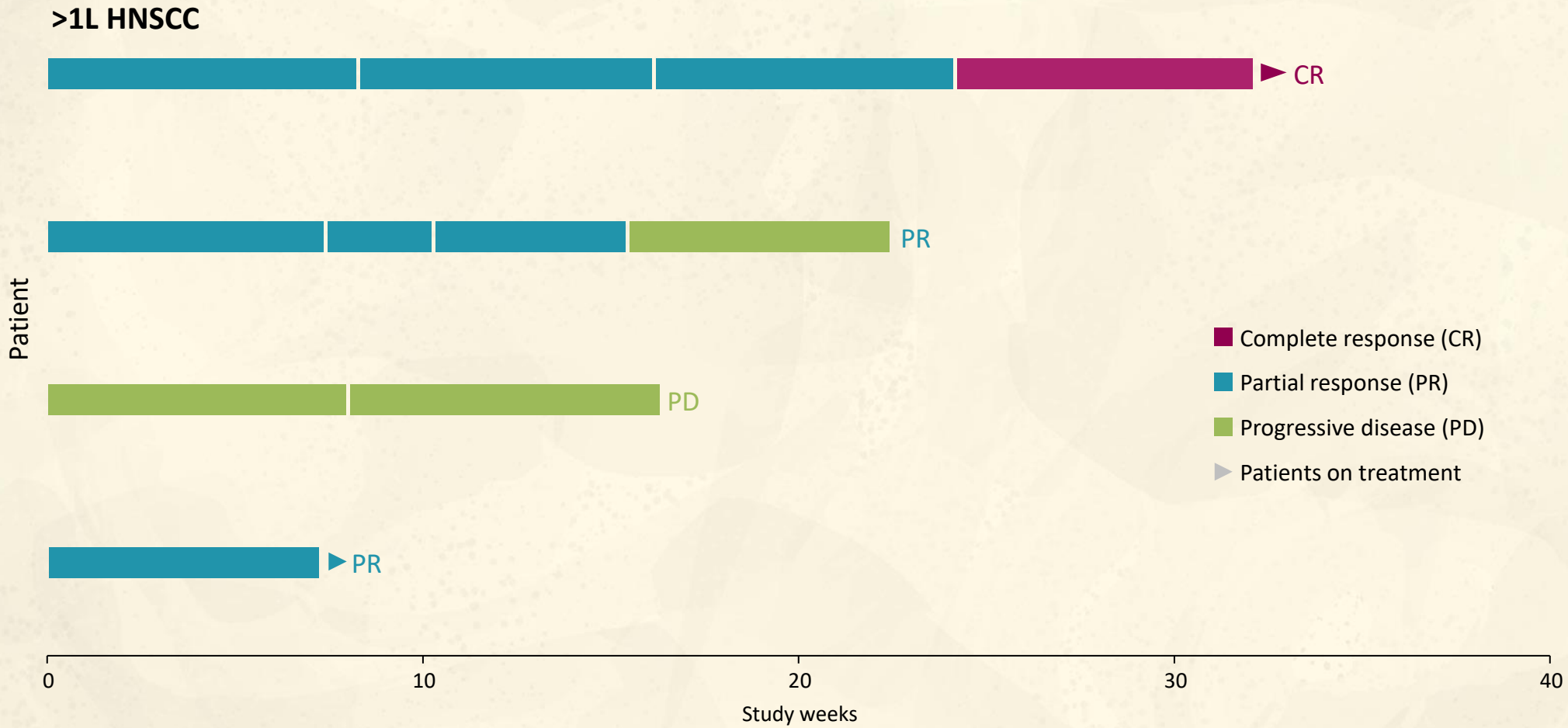
≥ Grade 3 Adverse Events

evorpacept (10 and 15 mg/kg QW) + Keytruda + 5FU + platinum (N=5)

Adverse Event	Total n(%) All Causality		Total n(%) Related	
	Grade 3	Grade 4	Grade 3	Grade 4
Neutrophil count decreased	**1 (20)**	-	-	-
Anemia	**1 (20)**	-	-	-
Cardiac tamponade	-	**1 (20)***	-	-
Dysphagia	**1 (20)**	-	-	-
Pericarditis constrictive	**1 (20)***	-	-	-
Supraventricular tachycardia	**1 (20)***	-	-	-

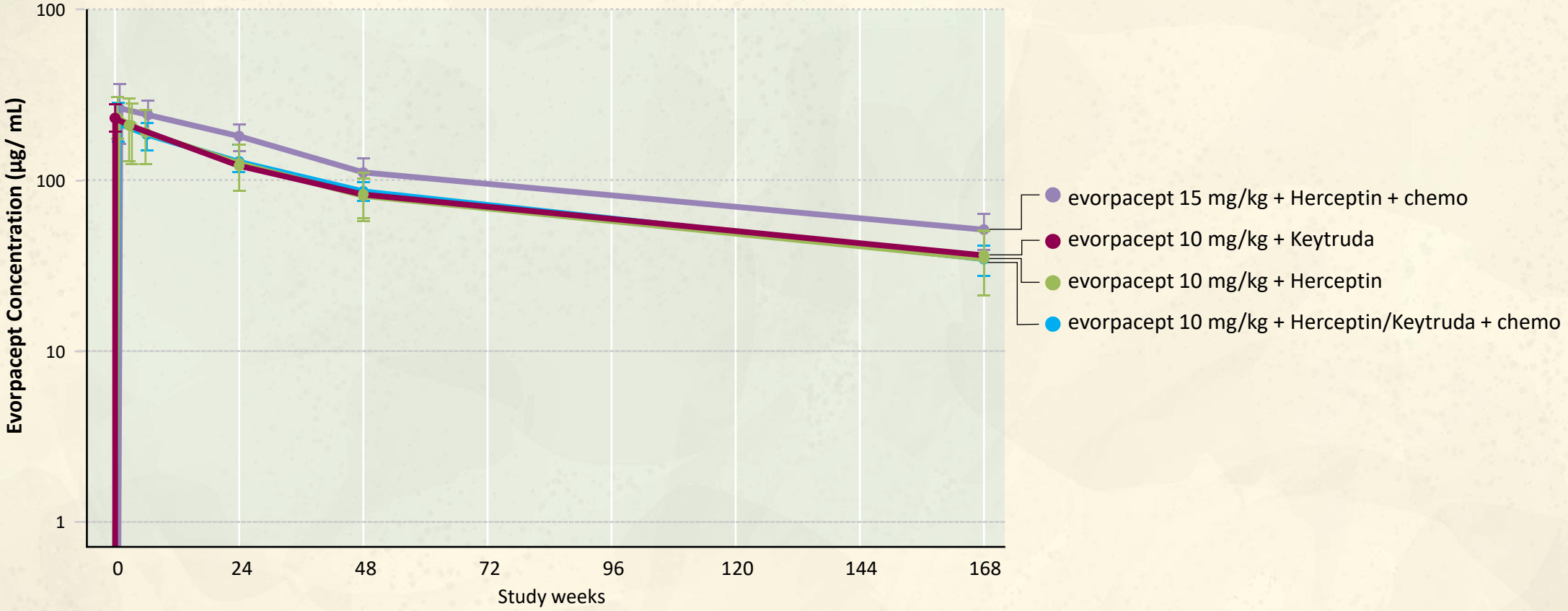
*Events occurred in a single patient with malignant pericardial effusion

PHASE 1B FIRST LINE HNSCC: EVORPACEPT + KEYTRUDA + 5FU/PLATINUM BEST OVERALL AND DURATION OF RESPONSE WHILE ON TREATMENT



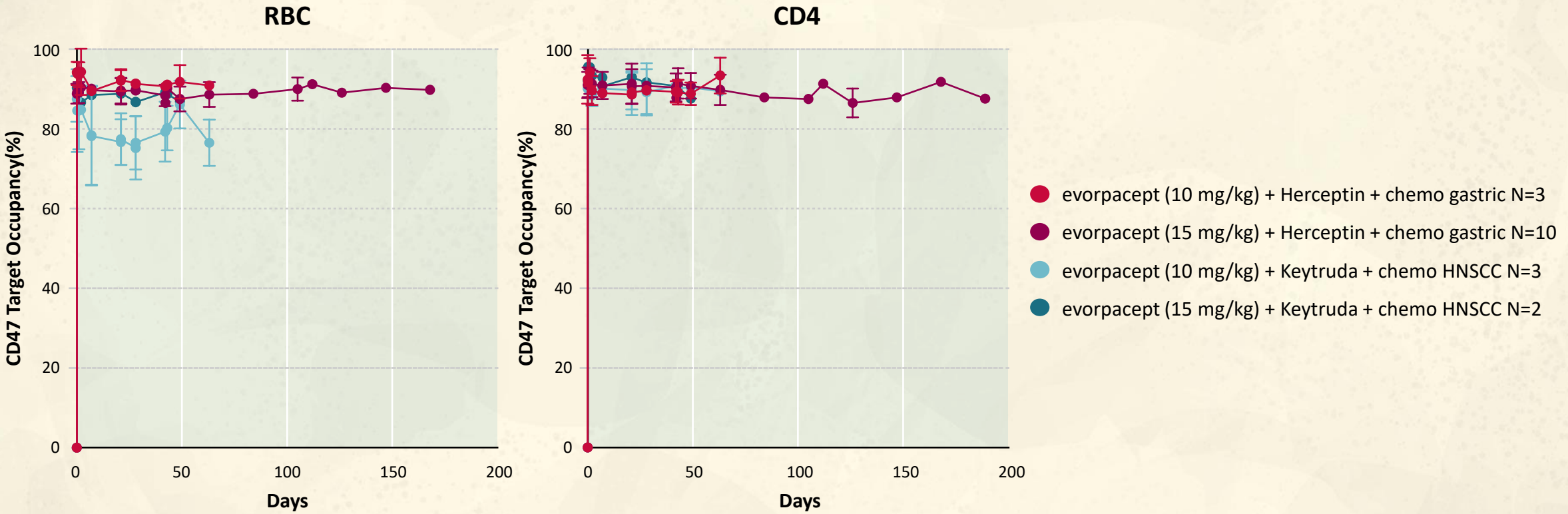
ALX ONCOLOGY

EVORPACEPT PK FOLLOWING COMBINATION THERAPIES IS COMPARABLE WITH AND WITHOUT CHEMOTHERAPY



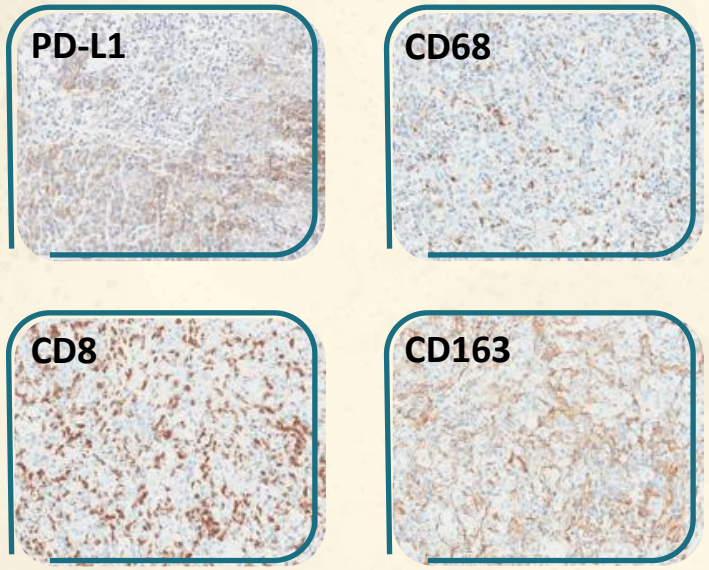
ALX ONCOLOGY

NEAR COMPLETE CD47 TARGET OCCUPANCY IS MAINTAINED THROUGHOUT EVORPACEPT DOSING INTERVAL WHEN COMBINED WITH CHEMOTHERAPY CONTAINING REGIMENS

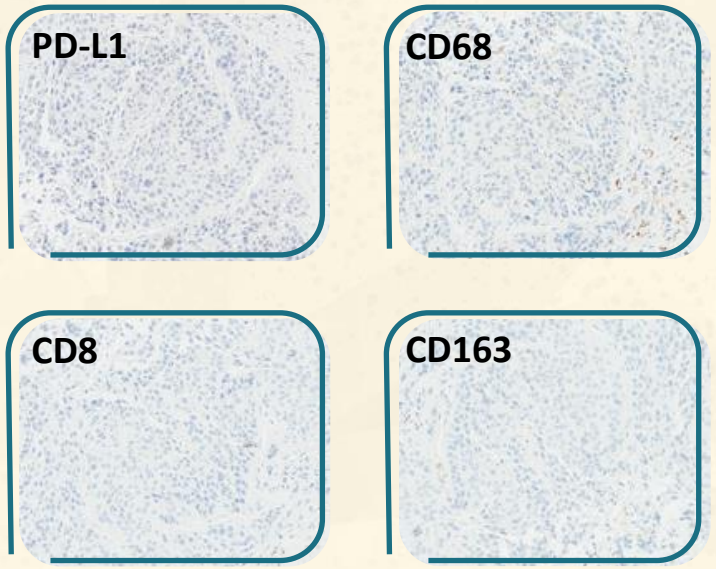


PRE-TREATMENT IHC RESULTS IN HOT AND COLD TUMORS
HNSCC PATIENT 1 (PD-L1 POSITIVE) AND PATIENT 2 (PD-L1 NEGATIVE)

Patient 1 Best Overall Response: CR
Immunologically "hot" tumor



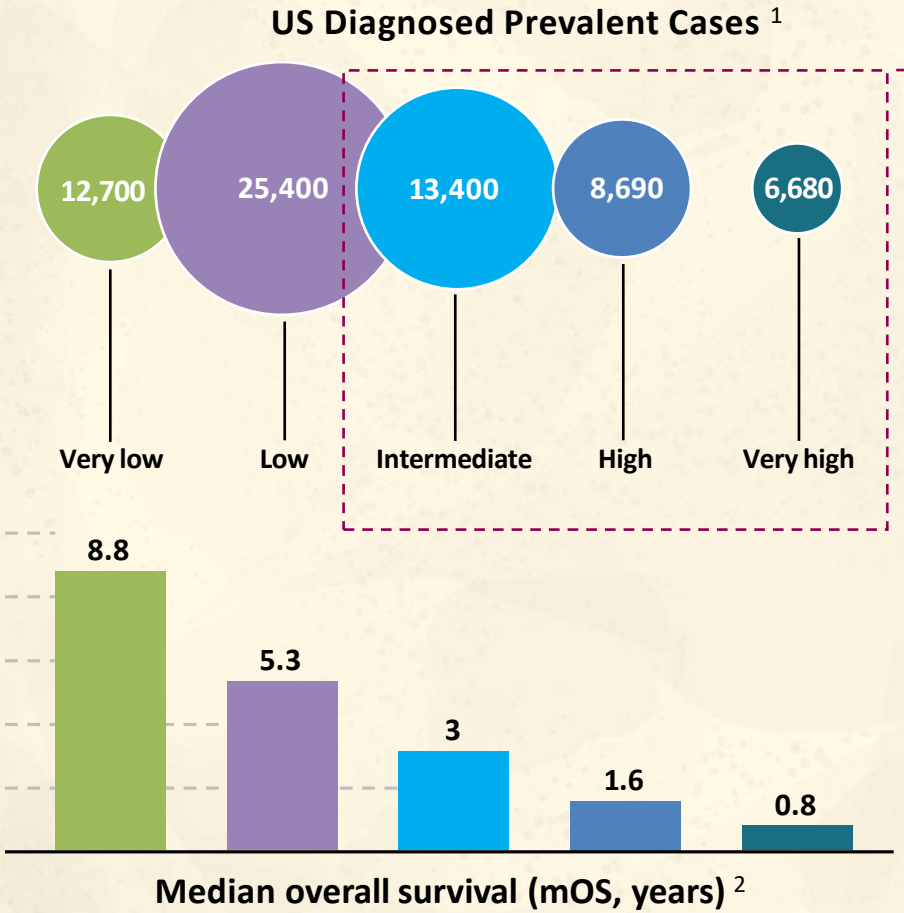
Patient 2 Best Overall Response: PR
Immunologically "cold" tumor



Patient 1: HNSCC (CPS 50) characterized as immunologically "hot" with a high density of infiltrating T lymphocytes (CD8) and tumor associated macrophages and myeloid cells (CD68 and CD163).

Patient 2: HNSCC (CPS 0) characterized as immunologically "cold" where immune cells are excluded from the tumor core while present at lower density in the peri-tumoral regions.

MDS OPPORTUNITY



Higher Risk (HR) MDS

Bone marrow transplant

<10%
Receive allogeneic transplant [3]

Azacitidine, Decitabine

17%
Treated with azacitidine achieve a CR [4]

Overall MDS

Nearly all pts transfused due to cytopenias

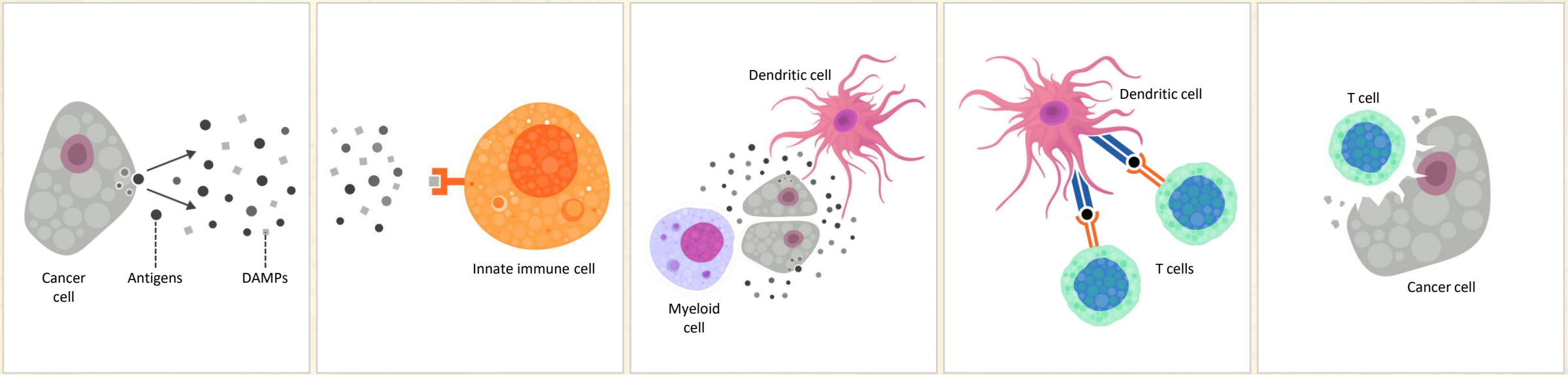
41 of 100
Will die from cytopenia-related causes [5]

Higher risk MDS patients are an area of high unmet need.

ALX ONCOLOGY

Revised international prognostic scoring system (IPSS-R).
[1]Estimated: Decision Resource Group 2019 MDS Report
[2]Greenberg, *Blood,* 2012
[3]Zeidan, *Leukemia & Lymphoma*, 2018
[4]Fenaux, *Lancet Oncology,* 2009
[5]Steensma, *Leukemia & Lymphoma,* 2015

HARNESSING THE POWER OF INNATE AND ADAPTIVE IMMUNE RESPONSES TO CANCER



1. Release of PAMPs/DAMPs and tumor antigens

2. Detection by PRRs on innate immune cells

3. Amplification of innate immune cell activation

4. Antigen presentation and activation of T cells

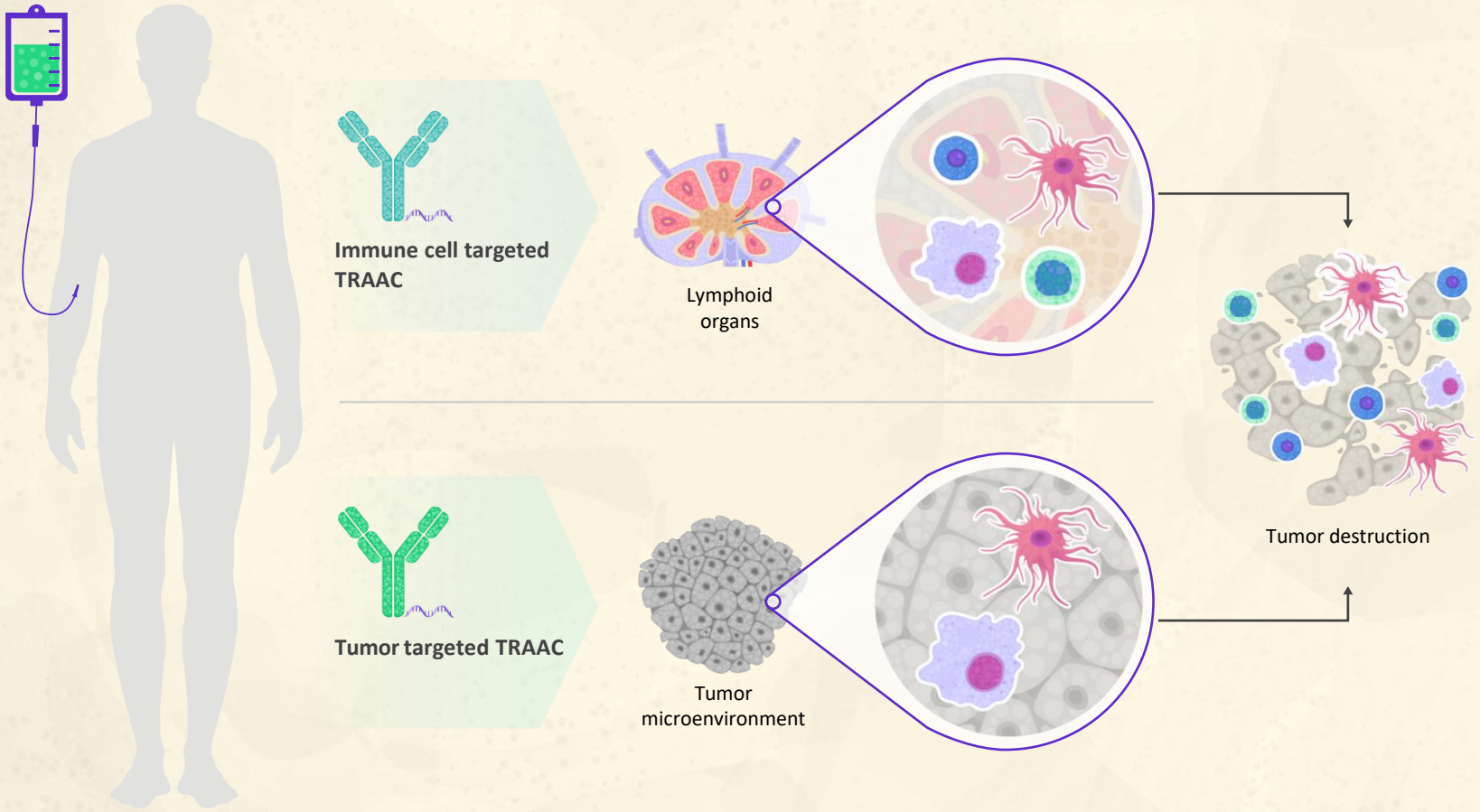
5. Recognition and elimination of tumor by T cells

- Successful immune-mediated elimination of cancer requires coordination between the innate and adaptive arms of the immune system.
- Innate immune cells (macrophages, myeloid cells and dendritic cells) may utilize a variety of signaling pathways, including TLR9, TLR7 or 8, STING and CD40, to trigger proinflammatory programs and engage the adaptive immune system.

DAMPs: damage-associated molecular patterns
PAMPs: pathogen-associated molecular patterns
PRRs: pattern recognition receptors

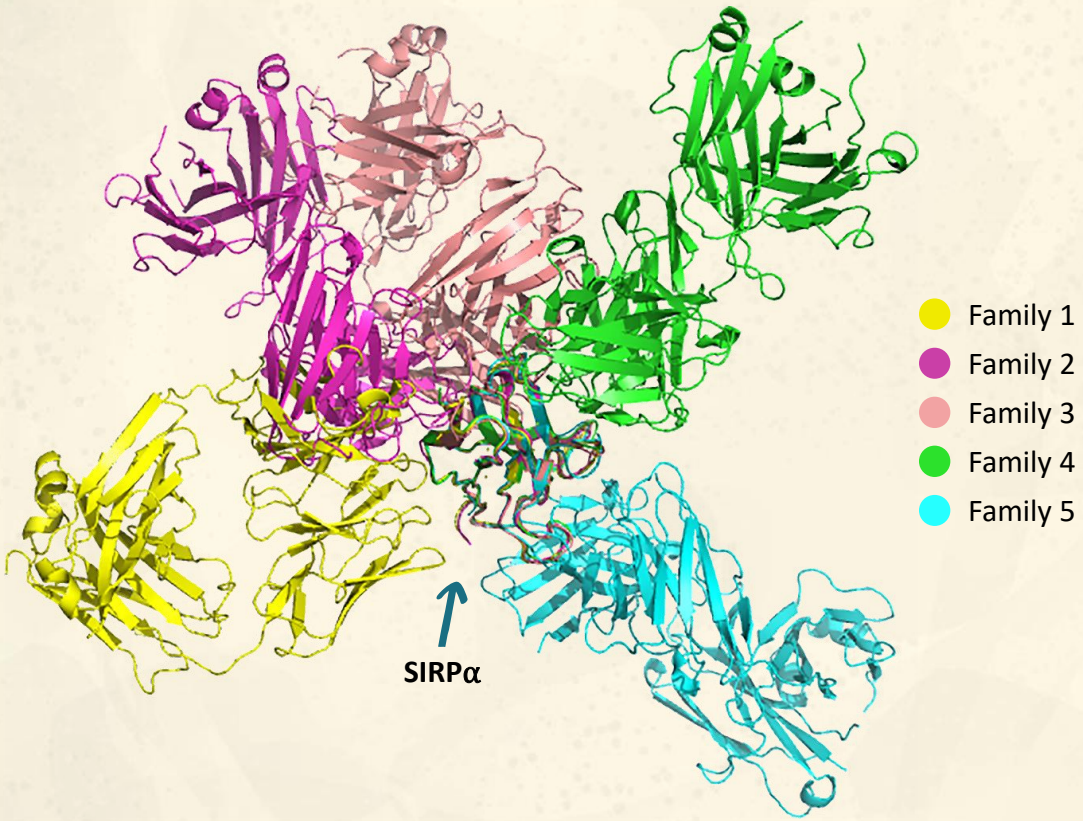
ALX ONCOLOGY

TLR9 AGONIST ANTIBODY CONJUGATE (TRAAC) ENABLES VERSATILE TARGETING OF IMMUNE CELLS THAT MATTER



ALX ONCOLOGY

ALX ONCOLOGY'S SIRPα ANTIBODIES: HIGH AFFINITY AND DIVERSE EPITOPES



ALX's diverse range of SIRPα antibodies

Diversity allows selection of best-in-class SIRPα antibodies:

- Binds human SIRPα variants V1 and V2
- Cross reacts with rodent, monkey and human SIRPα
- Wide range of affinities
- Full coverage of SIRPα domain 1 surface allows selection for optimal epitope

ALX ONCOLOGY