FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* Randolph Sophia | | | | | | 2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC ALXO | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specif | | | | | vner | |
|--|--|-----|----------------|----------|---|---|---|---------------------|--|--------------------|--------------------------------------|---|-----------------------------------|--|----------------------------|---|--------------------------------------|--|---|--|
| (Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2024 | | | | | | | | | V | belov | below) CHIEF MEDIC | | below) | · | |
| 323 ALLERTON AVENUE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | | |
| (Street) SOUTH FRANCE | | A 9 | 4080 | | | | | | | | | | | V | | filed by Mo | | an One Repo | | |
| (City) | (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication 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/Da | | | | | | Exec if an | Deemed cution Date, ny onth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, | | 4 and Securit Benefic Owned | | ies cially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Price | e | | ed ection(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 08/14/2 | | | | | | 2024 | | | | | 1,365 | D | \$2 | \$2.58 | | 325,711 | | 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) | ative Conversion Date Execution Date, if any | | Executi if any | on Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | 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.

/s/ Peter Garcia, by power of <u>attorney</u>

08/16/2024

** 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.