FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549	OMB APPROVAL				
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			

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	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction	10.																	
1. Name ar	nd Address o	2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
1 1110 5	ALXO]									Director			10% Ov						
4.0													1	Officer (give title below)			Other (s below)	specity	
` ′	(Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC.						2 Data of Farliant Transaction (Manth/Day/Year)									Interi	m CF	O	
C/O AL	3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025																		
323 ALI	ERTON A	VENUE																	
,					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					pplicable
(Street)	CAN				1									Line)			_		
SOUTH FRANC		A 9	4080		1									V	Form filed by One Reporting Person				
FRANC	isco														Form Perso		re tha	n One Repo	orting
(0:1.)			7 . \																
(City)	(S	tate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enef	iciall	y Own	ed			
1. Title of	Security (Ins	str. 3)		2. Transac	ay/Year) Execution			cution Date,		3. 4. Securities Transaction Disposed Of			uired (A	5. Amount of 4 and Securities Beneficially Owned Follow Reported					7. Nature of Indirect Beneficial Ownership
				(Month/Da						Code (Instr. 5)		. , , ,				Following		nstr. 4)	
									Code	v	Amount	(A) or (D) Pr		ice	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			01/06/2	2025				S ⁽¹⁾		2,221	1	\$	1.8(2)	87,902			D	
		Та									osed of, convertib				Owne	d			
		I	T			, i	_		-					÷		I	. 1		<u> </u>
1. Title of Derivative Security (Instr. 3)	Security or Exercise (Month/Day/Year) if any		emed 4. Transa Code (/Day/Year) 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er						

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 \$1.79 to \$1.80, 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.

/s/ Shelly Pinto

01/08/2025

** 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.