| Check this box if no longer subject to biligations may continue. See instruction 1(b). STATEINENT OF CHAINGES IN DEINEFICIAL OWNERShip Section 30(h) of the Investment Company Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Estimated average burden hours per response: 1. 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) (Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC. 3. Date of Earliest Transaction (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable) Street 94010 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person (City) (State) (Zip) | SEC Form 4 | | | | | | | | | | | | | | |
|--|--|-------------|--|---------------------------------------|--|--------|-------------|--|------------------------|--|---|------------------------|-------------------|---|--|
| Check this box if no longer subject to biligations may continue. See instruction 1(b). STATEINENT OF CHAINGES IN DEINEFICIAL OWNERShip Section 30(h) of the Investment Company Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Estimated average burden hours per response: 1. 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) (Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC. 3. Date of Earliest Transaction (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable) Street 94010 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person (City) (State) (Zip) | FORM 4 | STATES | | | | | | | /ISS | | OMB APPROVAL | | | | |
| Randolph Sophia ALX ONCOLOGY HOLDINGS INC [X Director 10% Owner (Last) (First) (Middle) .< | Section 16. Form 4 or Form 5 obligations may continue. See | Filed pursu | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | Estimated average burg | | | 3235-0287 en 0.5 | | | |
| C/O ALX ONCOLOGY HOLDINGS INC. 11/22/2021 Chief Medical Officer 866 MALCOLM ROAD, SUITE 100 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicab Line) Street) BURLINGAME CA 94010 Year 6. Individual or Joint/Group Filing (Check Applicab Line) (City) (State) (Zip) Form filed by One Reporting Person Form filed by More than One Reporting Person Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 11/22/2021 | Randolph Sophia | | | ALX ONCOLOGY HOLDÍNGS INC [ALXO] | | | | | | (Check all applicable) X X Director X Officer (give title below) Other (specify below) | | | owner (specify | | |
| (Street) BURLINGAME CA 94010 Image: Constraint of the state | | | 11/2 | 11/22/2021 | | | | | | | | | | | |
| | BURLINGAME CA | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| Date (Month/Day/Year) (Month/Day/Year) Date (Month/Day/Year) Date (Month/Day/Year) Date (Month/Day/Year) Date (Month/Day/Year) Code (Instr. a) Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. b) Disposed Of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Following Reported Transaction(s) Code (Instr. a) Disposed Of (D) (Instr. 3, 4 and 5) Disposed Of (D) (Instr. 4 and 5) Disp | Date | | | Execution Date, y/Year) if any | | Instr. | (A) or Drie | | . 3, 4 and | | Beneficially Owned Following Reported | | (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |

6. Date Exercisable and

Expiration Date (Month/Day/Year)

30,000

14,884

Expiration

03/09/2030

Date

Μ

S Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$36.54 to \$37.10, 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.

30,000

Date

Exercisable

(2)

2. The option is subject to an early exercise provision and is immediately exercisable. Shares subject to the option vest in 48 equal monthly installments beginning on April 9, 2020.

(A) (D)

5. Number

of Derivative

Securities

Acquired (A) or

Disposed

of (D) (Instr 3, 4 and 5)

Remarks:

Common Stock

Common Stock

2.

Conversion

or Exercise

Price of Derivative Security

\$4.08

Explanation of Responses:

1. Title of

Derivative

Security (Instr. 3)

Stock Option

buy)

(right to

/s/ Peter Garcia, by power of attorney

А

D

7. Title and Amount

of Securities Underlying Derivative Security

(Instr. 3 and 4)

Title

Stock

\$4.08

\$36,772(1)

Amount or Number

Shares

30,000

of

179,428

164,544

9. Number of

derivative Securities

Beneficially

Reported Transaction(s)

107,906

Owned Following

(Instr. 4)

8. Price of

Derivative

\$<mark>0.00</mark>

Security (Instr. 5)

11/23/2021

11. Nature

of Indirect

Beneficial

Ownership

(Instr. 4)

D

D

10.

Form: Direct (D)

Ownership

or Indirect (I) (Instr. 4)

D

** Signature of Reporting Person

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).

3. Transaction

Date (Month/Day/Year)

11/22/2021

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

11/22/2021

11/22/2021

Transaction

Code (Instr. 8)

Code v

Μ

3A. Deemed

Execution Date,

if any (Month/Day/Year)

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.

Date