FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
| | |

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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).

| | tion 1(b). | nue. See | | File | ed pui | ırsuan | t to Section | n 16(a) | of the Se | ecuriti | ies Exchar | nge Act of | f 1934 | | | nours | per res | ponse: | 0.5 |
|---|---|--|--------------|---------|---|---|--------------|-------------------|-------------------------|----------------------|--|---|--|---|-------------------------------------|--------------------|---|---|-----------|
| | \-/ | | | . 110 | 0 | or Sect | tion 30(h) | of the I | nvestmer | nt Cor | mpany Act | of 1940 | . 2007 | | | | | | |
| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| GARCIA PETER S | | | | | ALX ONCOLOGY HOLDINGS INC [| | | | | | Cile | Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) | | | | | Al | ALXO] | | | | | | X | Officer (give title below) | | | Other (s below) | pecify | | |
| (Last) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | 1 | Chief Financial Officer | | | | | | | | | | |
| C/O ALX ONCOLOGY HOLDINGS INC. | | | | | 07/30/2021 | | | | | | | | | | | | | | |
| 866 MA | LCOLM RO | OAD, SUITE 10 | 0 | | 4 | If Ame | endment [| Date of | Original | Filed | (Month/Da | v/Year) | | 6 Ind | ividual or .1d | nint/Group | Filina | (Check Ann | licable |
| (Street) | | | | | " | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| ` , | IGAME C | A | 94010 | | | | | | | | | X | X Form filed by One Reporting Person | | | | | | |
| , | | | | | | | | | | | | | | | Form fil Person | ed by Mor | e than | One Report | ting |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Та | ble I - Non | ı-Deriv | /ativ | ve Se | curities | s Acc | quired, | Dis | posed o | of, or B | enef | icially | Owned | | | | |
| Date | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | r, Transaction Di | | 4. Securi Dispose | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficia Owned Fo | s For lly (D) ollowing (I) (I | | : Direct I Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transaction(s) (Instr. 3 and 4) | | | | IIISU. 4) |
| | | | Table II - I | | | | | | | | osed of | | | | wned | | | ' | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) 4. Transaction Code (Instr. 8) | | | | | | | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | Cod | ode | v | (A) | | Date Exercisab | | Expiration Date | Title | or Nur | ount mber Shares | | (Instr. 4) | | | |
| Employee Stock Option (right to buy) | \$58.56 | 07/30/2021 | | | A | | 100,000 | | (1) | O | 07/29/2031 | Commo Stock | n 10 | 0,000 | \$0.00 | 100,00 | 00 | D | |

Explanation of Responses:

 $1. \ Shares \ subject to the option \ vest in \ 48 \ equal \ monthly \ installments \ beginning \ on \ August \ 30, \ 2021.$

Remarks:

Peter Garcia

08/03/2021

** 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.