FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* Pons Jaume					<u>AL</u>	2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC ALXO								all app Direc	or 10% Ov r (give title Other (s		wner	
(Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC. 866 MALCOLM ROAD, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021							Λ	below	Presider	nt & C	below)	
(Street) BURLINGAME CA 94010				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta		Zip)	D	4:	0			l D:		D				1			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				n 2A. Deemed Execution Date,		med on Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		d (A) or	r 5. Amo and 5) Securi Benefi Owned		ount of ties cially I Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Report Trans (Instr.		action(s) 3 and 4)			(Instr. 4)		
Common Stock 05					21			S ⁽¹⁾		500 ⁽²⁾	D	\$54.2	2048 54		14,146		D	
Common Stock 05/19/2					21			S ⁽¹⁾		15,221 ⁽³⁾	D	\$55.6	5901 52		28,925		D	
Common Stock 05/19					21			S ⁽¹⁾		979(4)	D	\$56.7	054	527,946			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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numbor of Derivativ Securitie Acquirec (A) or Dispose of (D) (Instr. 3, and 5)	Exp (Mo	Date Exe piration I onth/Day		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D	Dat) Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on January 28, 2021.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$53.53 to \$54.52, 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 within the ranges set forth in footnotes (2) through (4) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$55.50 to \$56.35, inclusive.
- 4. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$56.59 to \$56.83, inclusive.

Remarks:

/s/ Peter Garcia, by power of attorney

05/20/2021

** 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.