SEC For	m 4 FORM	1		) ST/	TFS	SF	-01	RITI	F٩	ΔΝΓ		ХСН	ΔΝΩ	F C	OMA	1159	SION					
		4		TES SECURITIES AND EXCHANGE COM Washington, D.C. 20549													OMB APPROVAL					
Section obligat	this box if no k n 16. Form 4 or tions may conti tion 1(b).	ed pursu	NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											CMB Number: 323 Estimated average burden hours per response:				3235-0287 en 0.5				
1. Name and Address of Reporting Person* GARCIA PETER S							2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC [ ALXO]											cable) or (give title	ng Per	son(s) to Iss 10% O Other ( below)	wner	
(Last)(First)(Middle)C/O ALX ONCOLOGY HOLDINGS INC.866 MALCOLM ROAD, SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 02/07/2022												hief Fina		Officer		
(Street) BURLINGAME CA 94010 (City) (State) (Zip)					_ 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)											i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	n-Deriv	/ative	Se	curit	ies Ad	cqu	ired,	Dis	posed	of, c	or Ber	neficia	ally	Owned	1				
1. Title of Security (Instr. 3) Date (Month/E						Execution Date,							rities Acquired (A) o ed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Follow Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount (A) (D)		(A) or (D)	Price		Transact (Instr. 3	tion(s)	n(s) d 4)		(11501.4)	
Common Stock 02/07					7/2022	2022				М		6,6	6,637 A S		\$4.	80	16,120 <sup>(1)</sup>			D		
Common Stock 02/07						2022				М		8,3	8,363 A S		\$4.	81	24,483			D		
		٦	Table II -									osed o onver					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (In		of Deri Sec Acq (A) Disp of (I	rivative curities quired or sposed (D) str. 3, 4		. Date Exercis xpiration Date Month/Day/Yea			of S Und Der	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		De	. Price of perivative security nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(A) (D) Ex				xpiration ate	Title	Amount or Number of Shares								
Employee Stock Option (right to buy)	\$4.08	02/07/2022			М			6,637		(2)	0	3/09/2030		nmon ock	6,637		\$0.00	89,02	2	D		
Employee Stock Option (right to buy)	\$4.08									(3)	0	3/09/2030		nmon œck	60,468	3		60,46	8	D		
Employee Stock Option (right to huw)	\$4.81	02/07/2022			М			8,363		(4)	0	4/27/2030		nmon :ock	8,363		\$0.00	20,81	3	D		

Explanation of Responses:

1. Includes 152 shares acquired under the Issuer's employee stock purchase plan on December 31, 2021.

2. The option is subject to an early exercise provision and is immediately exercisable. One-fourth of the shares subject to the option vested on January 2, 2021 and 1/36th of the remaining shares vest monthly thereafter.

3. The option is subject to an early exercise provision and is immediately exercisable. One-fourth of the shares subject to the option vest on March 9, 2021 and 1/36th of the remaining shares vest monthly thereafter.

4. One-fourth of the shares subject to the option vest on April 27, 2021 and 1/36th of the remaining shares vest monthly thereafter.

## **Remarks:**

<u>/s/ Peter Garcia</u>

\*\* Signature of Reporting Person

02/08/2022

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.