FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
- 1	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).

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* Powded link Combine				2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC ALXO									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Randolph Sophia														Directo	or		10% Ov	/ner		
(Last)	(F	irst)	(Middle)		_	3. Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title		Other (s below)	pecify	
C/O ALX ONCOLOGY HOLDINGS INC.						02/14/2024									CHIE	EF MEDI	CAL	OFFICER	۱ ا	
323 ALLERTON AVENUE					4. 1	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					
(Street) SOUTH FRANCI	()	A	94080													iled by Mor		n One Repor	- 1	
				R	Rule 10b5-1(c) Transaction Indication															
(City)	(5	tate)	(Zip)		1,,	Tale 1000 T(0) Transaction indication														
(City) (Citalo) (Lip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tak	ole I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or Be	nefi	cially	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			Code (Transaction Disposed Of (D) (Instr. 3, 4			4 and Securitie Benefici Owned F		es For ally (D) following (I) (rm: Direct or Indirect	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D)		rice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 02/14/					4/202	4			A		30,000) ⁽¹⁾ A		\$0	342,349			D		
			Table II -						,		osed of, onverti			•	Owned			•	•	
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution	d Date,	4.		nsaction of E		6. Date Ex	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities (Month/Day/Year) Underlying			_	8. Price of Derivative Security	9. Number derivative Securities	,	of 10. Ownership Form:	11. Nature of Indirect Beneficial		
(Instr. 3)	Price of Derivative Security	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Month/Day		8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(.,,,,,	,	Derivative Security (Instr. 3 and 4)			(Instr. 5)	Beneficially Owned Following Reported Transaction((Instr. 4)	lly I	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or	ount nber ires						
Employee Stock Option (right to	\$15.84	02/14/2024			Α		95,000		(2)	C	2/13/2034	Common Stock	95,	,000	\$0	95,000	0	D		

Explanation of Responses:

- 1. The reported shares are represented by restricted stock units, or RSUs, which vest in eight equal semiannual installments beginning on August 14, 2024.
- 2. Shares subject to the option vest in 48 equal monthly installments beginning on March 14, 2024.

/s/ Peter Garcia, by power of attorney

02/16/2024 ** 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.