Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
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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				AL	2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC [ALXO]								ationship of Reportin call applicable) Director		10% Ov		wner	
(Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC. 866 MALCOLM ROAD, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 06/21/2021							X		Officer (give title below) President &		Other (specify below)		
(Street) BURLINGAME CA 94010 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Indiv ine) X	Form Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Non-Deriv	ative	Secui	rities	Ac	quir	ed, D	isposed (of, or	Benefic	ially	Own	ed			
Da			2. Transactio Date (Month/Day/\	Execution		on Date,		3. Transaction Code (Instr. 8)					nd 5) Secui Benet		icially d Following	Form (D) o	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	(A) or (D)	Price		Transa	saction(s) r. 3 and 4)		,	(1115411 4)
Common Stock		06/21/20	1			S ⁽¹⁾		6,347	D	\$58.05	96(2)	52	521,599		D			
Common Stock 06/2			06/21/20	1			S ⁽¹⁾		10,353	D	\$58.91	78 ⁽³⁾	511,246			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	Exp (Mo	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Secu Und Deri Secu 3 an	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of		rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	Code V (A) (D)		(D)		ercisabl		Title					- 1		

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 \$57.56 to \$58.51, 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) and (3) 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 \$58.58 to \$59.22, inclusive.

Remarks:

/s/ Peter Garcia, by power of

06/22/2021

attorney

** 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.