SEC For	m 4 FORM	4 U	ΝΙΤ	ED STAT	E	S SECURIT	IES	A	NC	) EXCHA	NGE	сом	MIS	SIOI	N				
				Washington, D.C. 20549												OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			SI		l pur:	IT OF CHANGES IN BENEFICIAL OWNERSHIP pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number:         3235-0287           Estimated average burden         hours per response:         0.5			
1. Name and Address of Reporting Person <sup>*</sup> <u>Randolph Sophia</u>					2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC [ ALXO]									all app Direc	licable) tor	ng Person(s) to 10% (	Dwner		
(Last) C/O ALZ	(Fii X ONCOLO	rst) (I DGY HOLDING	(Middle) I <mark>GS INC</mark> .			3. Date of Earliest Transaction (Month/Day/Year)							r (give title Other (specify below) EF MEDICAL OFFICER						
323 ALLERTON AVENUE					4.									Individual or Joint/Group Filing (Check Applicable re) X Form filed by One Reporting Person					
(Street) SOUTH FRANC	(° 4	A 9	94080												filed by Mo	iled by More than One Reporting			
(City)	(St	ate) (2	(Zip)			Rule 10b5-1(c) Transaction Indication         X         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.													
		Table	I - I	Non-Deriva	tiv	e Securities /	Acqu	ire	ed, I	Disposed of	of, or l	Benefic	ally	Own	ed				
Date				2. Transaction Date (Month/Day/Ye		ar) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Beneficiall		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Cod	e	v	Amount	(A) or (D)	Price		Transa	iction(s) 3 and 4)	(1130. 4)	(1130.4)		
Common Stock 05/13/202					4			2		10,203	D	\$15.81	<b>69</b> <sup>(2)</sup>	33	2,146	D			
Common Stock 05/13/2024					4		<b>S</b> <sup>(1)</sup>			1,797	D	\$16.67	16(3)	33	0,349	D			
		Ta	ble			Securities Ac calls, warrar								Owneo	k				
1. Title of Derivative Security (Instr. 3)			ecution Date,		ransaction of Code (Instr. Derivativ		Expiration Date (Month/Day/Year) d d			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5) 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi (Instr. 4)			

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 11, 2024.

Code V

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.465 to \$16.4602, 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.

Date

Exercisable

Expiration

Date

3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$16.47 to \$16.94, inclusive.

(A) (D)

 
 /s/ Peter Garcia, by power of attorney
 05/15/2024

 \*\* Signature of Reporting Person
 Date

Amount or Number

Shares

of

Title

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.