SEC Form 4 FORM 4 UNIT	ED STATI	ES SECURITIE	ΞS Δ	ND	FXCHAN	IGE (COMMIS	SION					
			ngton, D					OMB APPROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed p	T OF CHANGE oursuant to Section 16(a or Section 30(h) of the	a) of the	Secu	rities Exchang	e Act of		Est	B Number: imated average burd irs per response:	3235-0287 en 0.5			
1. Name and Address of Reporting Person [*] <u>Pons Jaume</u>	4	2. Issuer Name and Ticker or Trading Symbol <u>ALX ONCOLOGY HOLDINGS INC</u> [ALXO]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O ALX ONCOLOGY HOLDINGS INC.		3. Date of Earliest Transaction (Month/Day/Year) 06/04/2024											
323 ALLERTON AVENUE		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SOUTH SAN FRANCISCO CA 94080							V		ne Reporting Pers lore than One Rep				
	[Rule 10b5-1(c) Transaction Indication											
(City) (State) (Zip)	I	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 - N	lon-Derivat	ive Securities Ac	quire	d, Di	isposed of	, or Be	eneficially	Owned					
1. Title of Security (Instr. 3) Date (Month/Date)		Execution Date,	3. Transaction Code (Instr. 8)		4. Securities Disposed Of	Acquired (D) (Instr.	(A) or . 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Common Stock	06/04/202	4	М		20,000	Α	\$0.99	624,205	D				
Common Stock 06/0		4	S ⁽¹⁾		20,000	D	\$ 8.4326 ⁽²⁾	604,205	D				

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(3 , P ,,,														
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)	Code (ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$0.99	06/04/2024		М			20,000	(3)	03/30/2027	Common Stock	20,000	\$0	164,433	D	

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 December 6, 2023.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.17 to \$8.87, inclusive. The reporting person undertakes to provide 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.

3. The shares subject to the option are fully vested and immediately exercisable.

/s/ Peter Garcia, by power of attorney

06/06/2024

** 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.