FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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

						_				_			_	_					_			
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol ALX ONCOLOGY HOLDINGS INC										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
GARCIA PETER S						ALXO]										Director				10% Ov	· I	
(Last)	(Fi	rst)	(Middle)		-	ALAO J								_	X	Officer below)	(give title		Other (s below)	specify		
, ,	(Last) (First) (Middle)  C/O ALX ONCOLOGY HOLDINGS INC.					3. Date of Earliest Transaction (Month/Day/Year)											C	hief Fina	ncial	Officer		
					01/	01/28/2021																
866 MA	LCOLM RO	4 1	If Amendment, Date of Original Filed (Month/Day/Year)											6 Individual or Joint/Croup Filips (Cheek Applies 1)								
(Ctro ot)	.   4. 11	Ame	enamer	ii, Date	or Orig	jinai Fi	iiea (	WOUTH/D		Individual or Joint/Group Filing (Check Applicable Line)												
(Street)																	X Form filed by One Reporting Person					
BURLINGAME CA 94010																Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																					
		Tab	le I - Nor	ı-Deriv	ative	Se	curit	ies Ad	cquire	ed, D	isp	osed o	of, o	r Ber	nefici	ally	Owned	I				
1. Title of Security (Instr. 3)												d (A) o	r	5. Amou Securitie				7. Nature of Indirect				
Date (Month/						ay/Year) Execution Da			Code (Instr.						II. 3, 4 c	anu	Benefici	ially (D)		r Indirect	Beneficial	
		(Month/Day/Year			ar) 8)						_		Reported	Reported			Ownership (Instr. 4)					
							Co	ode \	٧	Amount	ınt (A) or (D)		Pric	е	Transaction(s) (Instr. 3 and 4)							
Common Stock 01/28					8/202	/2021		N	М		6,128 A		\$4	.08	9,128		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. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercis: Expiration Date (Month/Day/Yea		ate		7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		es Securit	D	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	re es ally eg	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
															Amour or	nt						
									<b> </b>		_			- 1	Numbe	er						
					Code	v	(A)	(D)	Date Exerci	isable	Da Da	piration te	Title		of Shares	,						
Employee Stock Option (right to buy)	\$4.08	01/28/2021			M			6,128	(1	1)	03.	/09/2030	Com Sto		6,128	3	\$0.00	146,28	39	D		
Employee Stock Option (right to buy)	\$4.08								(2	2)	03/	/09/2030	Com Sto		99,83	8		99,838	8	D		

## **Explanation of Responses:**

- 1. 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
- 2. 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

## Remarks:

/s/ Peter Garcia \*\* Signature of Reporting Person 01/29/2021

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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.

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).