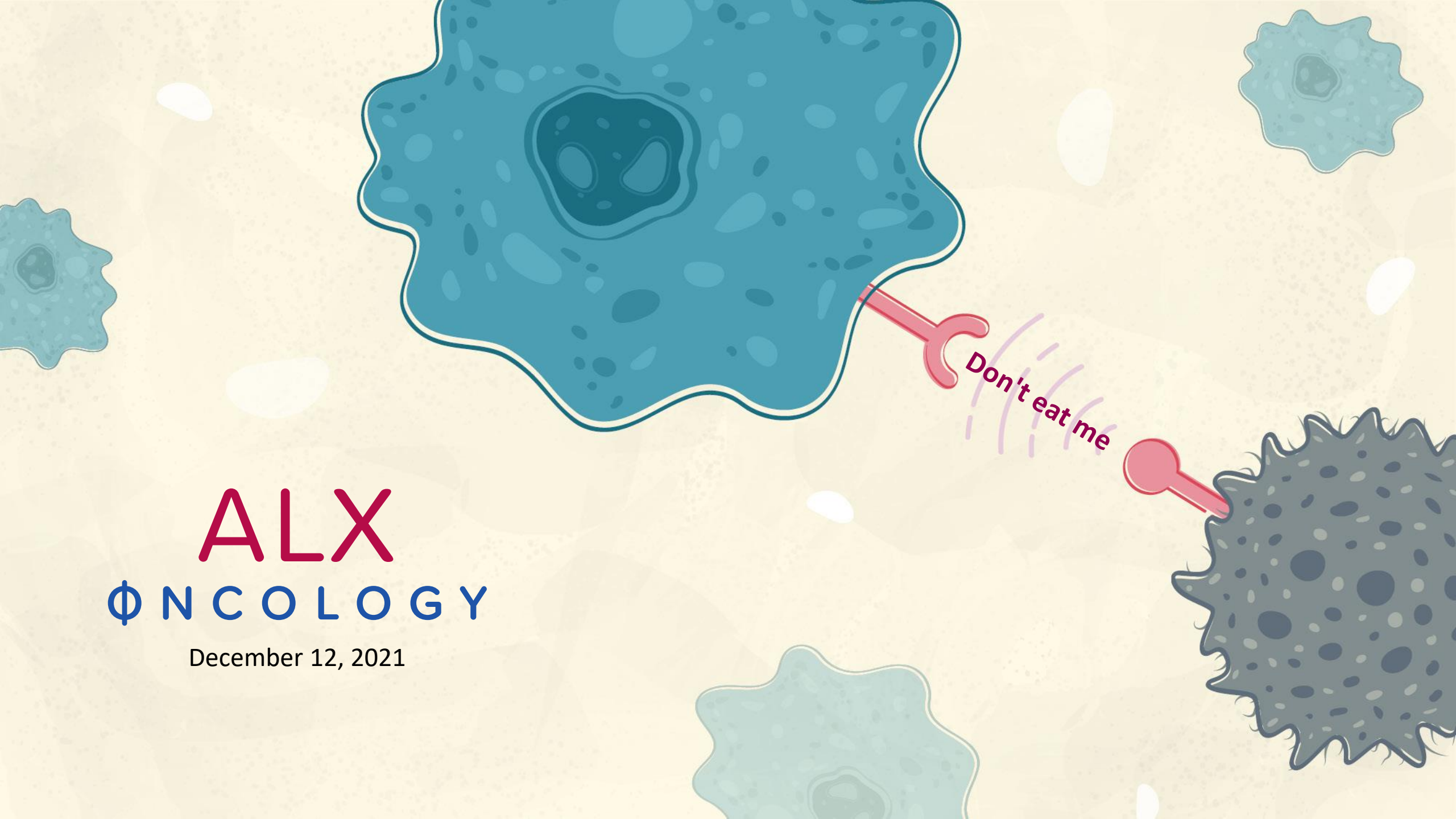

ALX ONCOLOGY

December 12, 2021

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ALX ONCOLOGY

OVERVIEW

ALX Oncology (Nasdaq: ALXO) is a clinical-stage immuno-oncology company focused on helping patients fight cancer by developing therapies that block the CD47 checkpoint pathway and bridge the innate and adaptive immune system

Lead product candidate evorpacept (also known as ALX148) in multiple Phase 2 trials

CD47 blocker

- Designed for use in combination
- Tolerability profile enables higher dosing
- Higher dosing may enable greater efficacy

Randomized phase 2 trials ongoing

Initial focus on solid tumors, MDS, and AML

Early-stage antibody candidate ALTA-002* for systemic CpG delivery

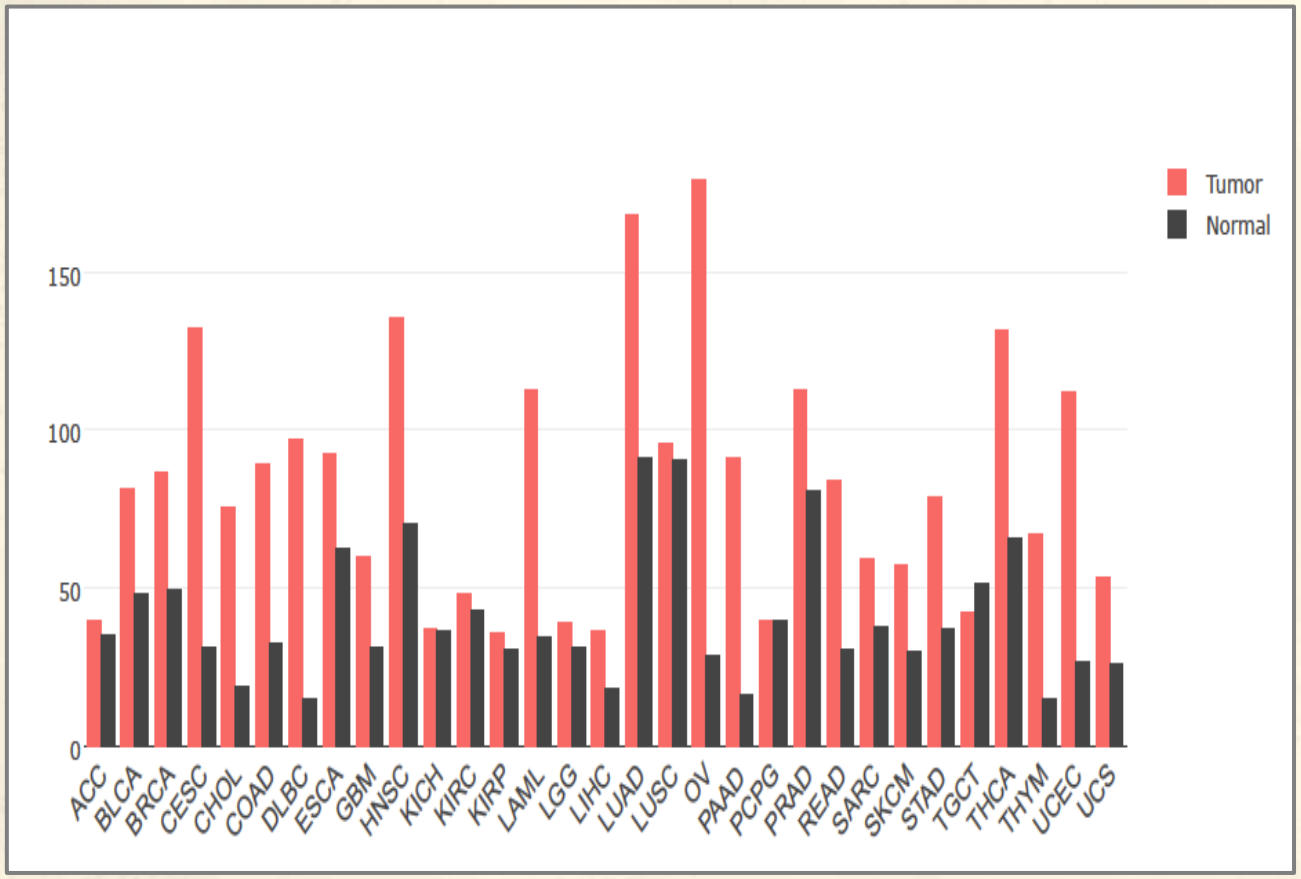
IND expected beginning of 2023

*SIRPα Toll-like receptor agonist antibody conjugate (TRAAC)

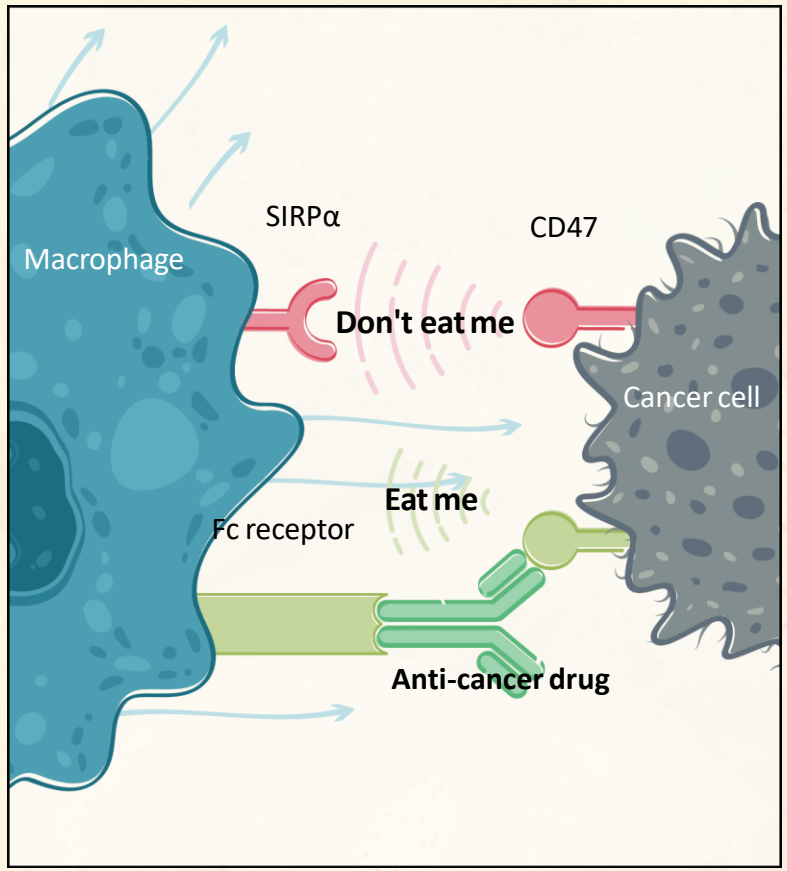
ALX ONCOLOGY

CD47: TUMOR ASSOCIATED ANTIGEN (TAA)- MYELOID CHECKPOINT DUALITY

TAA-Expression levels on cancer and normal cells



Checkpoint Mechanism: "do not eat me"



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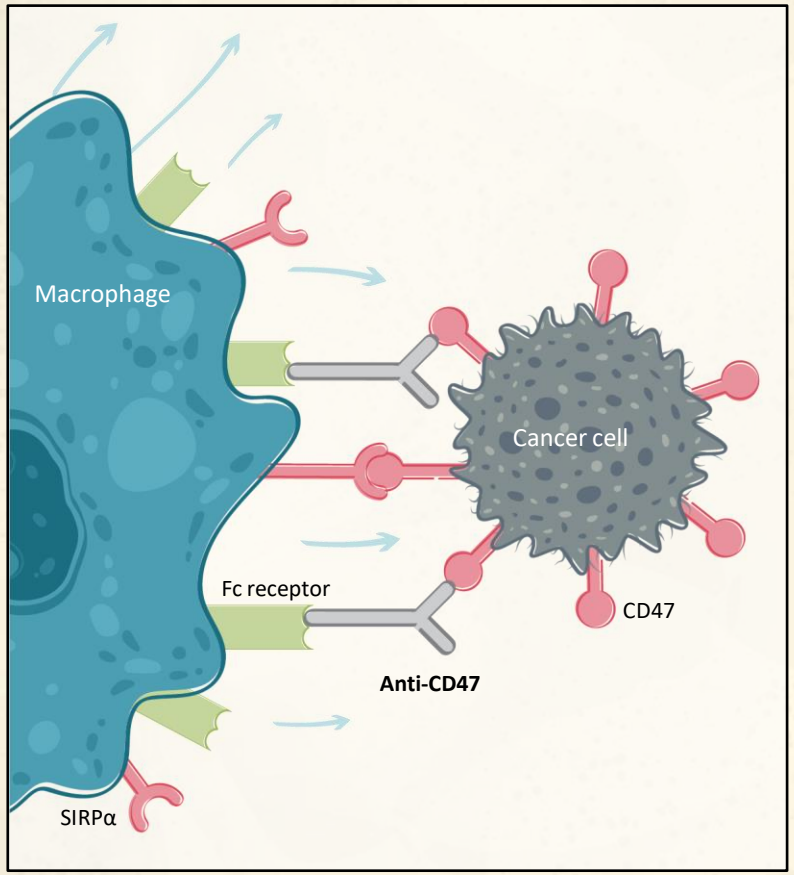
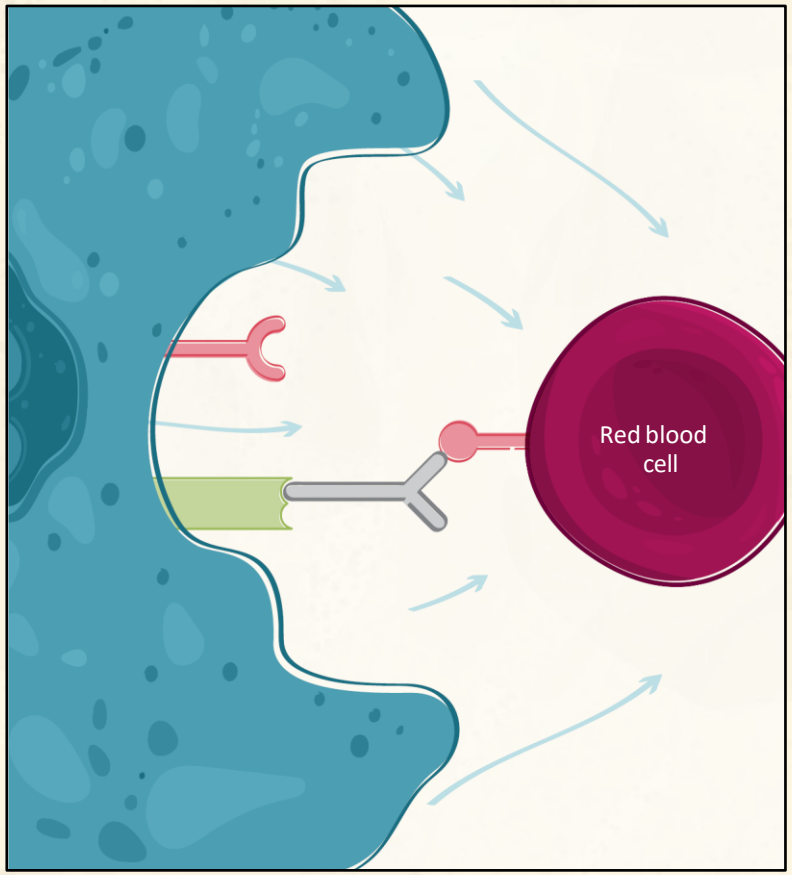
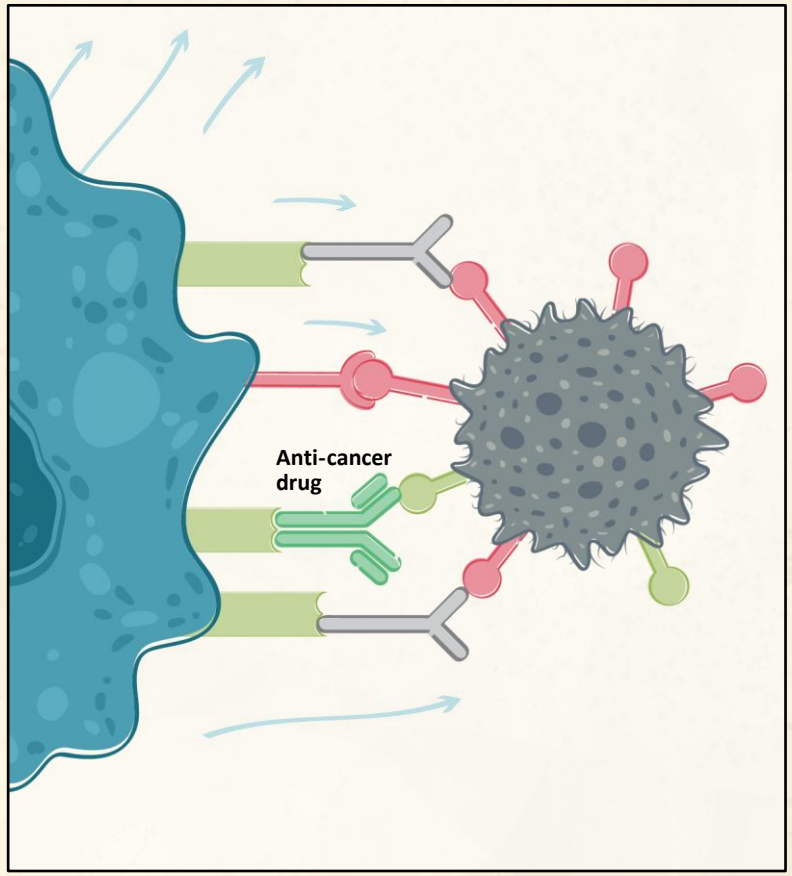
TARGETING CD47 AS TUMOR ASSOCIATED ANTIGEN

But also targets normal cells







Anti CD47 with active Fc directly targets cancer cells

Dose limitations prevent full blockade of CD47 and active Fc competes with combo drug

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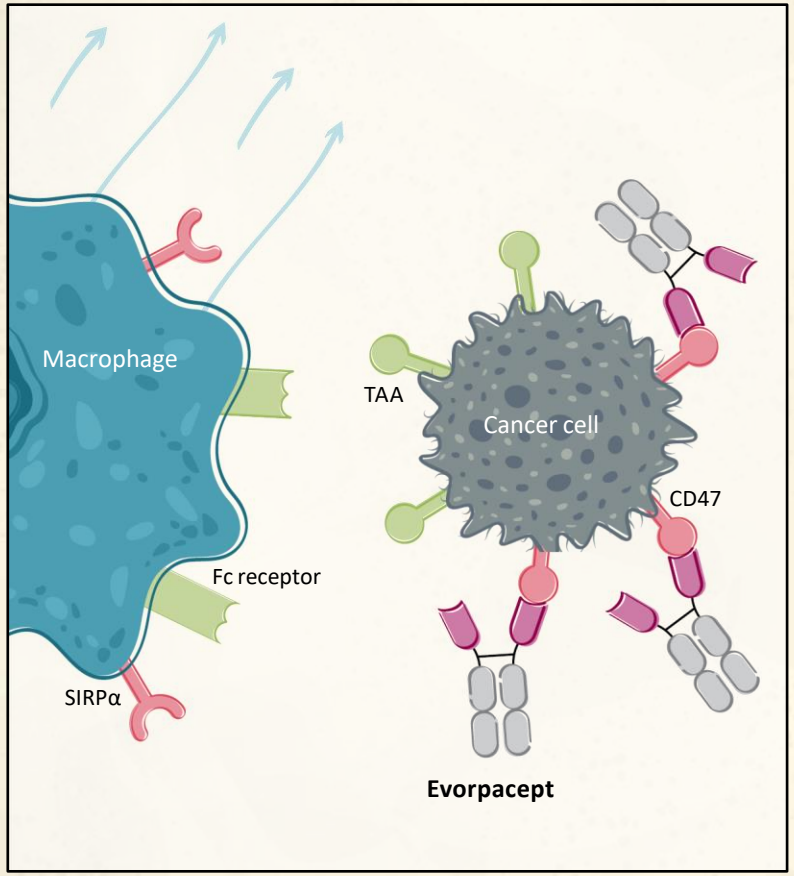
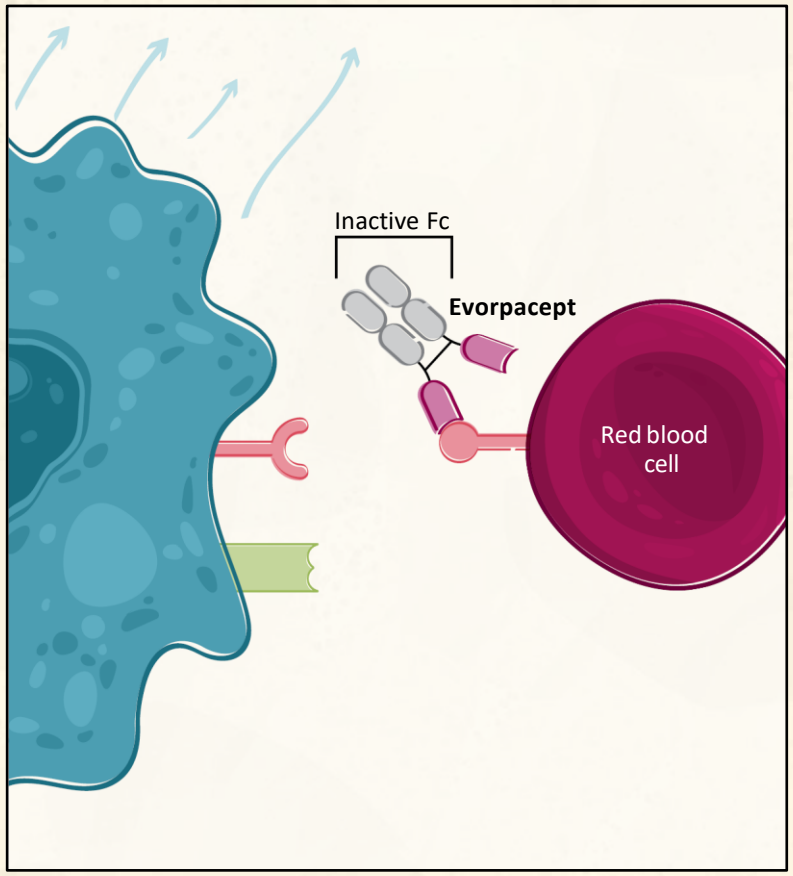
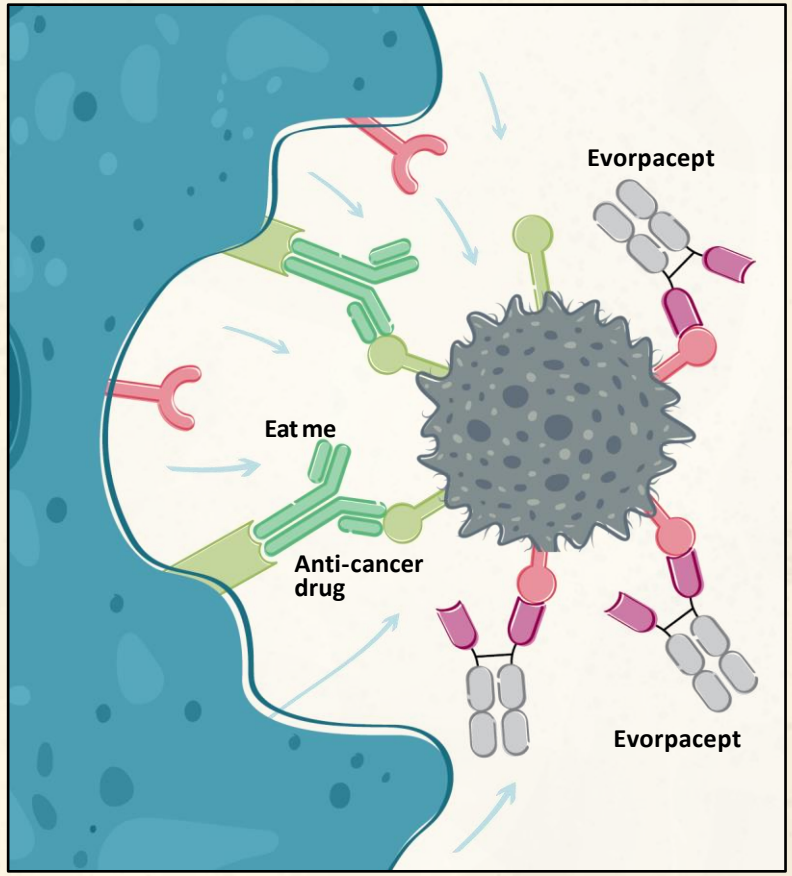
TARGETING CD47 AS CHECKPOINT: ALX ONCOLOGY'S APPROACH

It spares normal cells







Anti CD47 with inactive Fc binds and block CD47-SIRPα interaction

High dose allows full blockade of CD47 and maximizes activity of combo drug

ALX ONCOLOGY

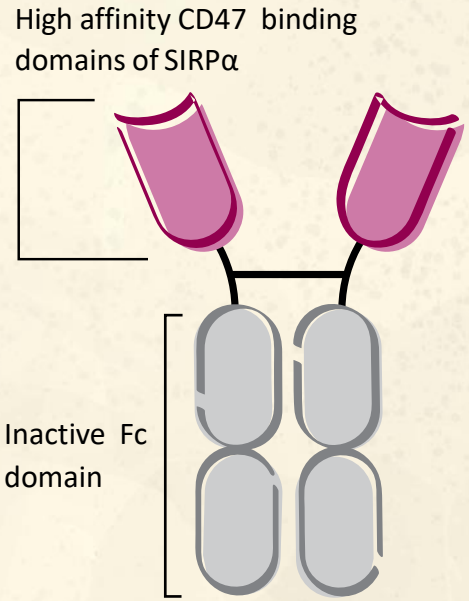
EVORPACEPT: METICULOUSLY DESIGNED CD47 BLOCKER

High affinity CD47 binding domain of SIRPα → **Potently blocks CD47 signal on cancer cells**

Inactive Fc domain eliminates binding activity → **No dose dependent cytopenia**

Presence of Fc domain ensures slow clearance and long half-life → **Less frequent dosing**

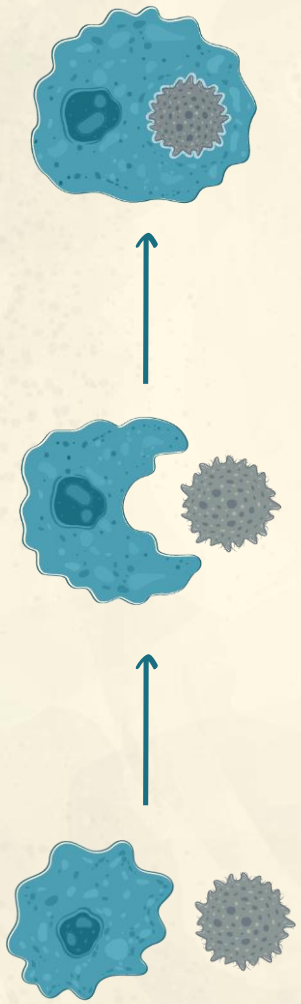
Designed for safety and efficacy

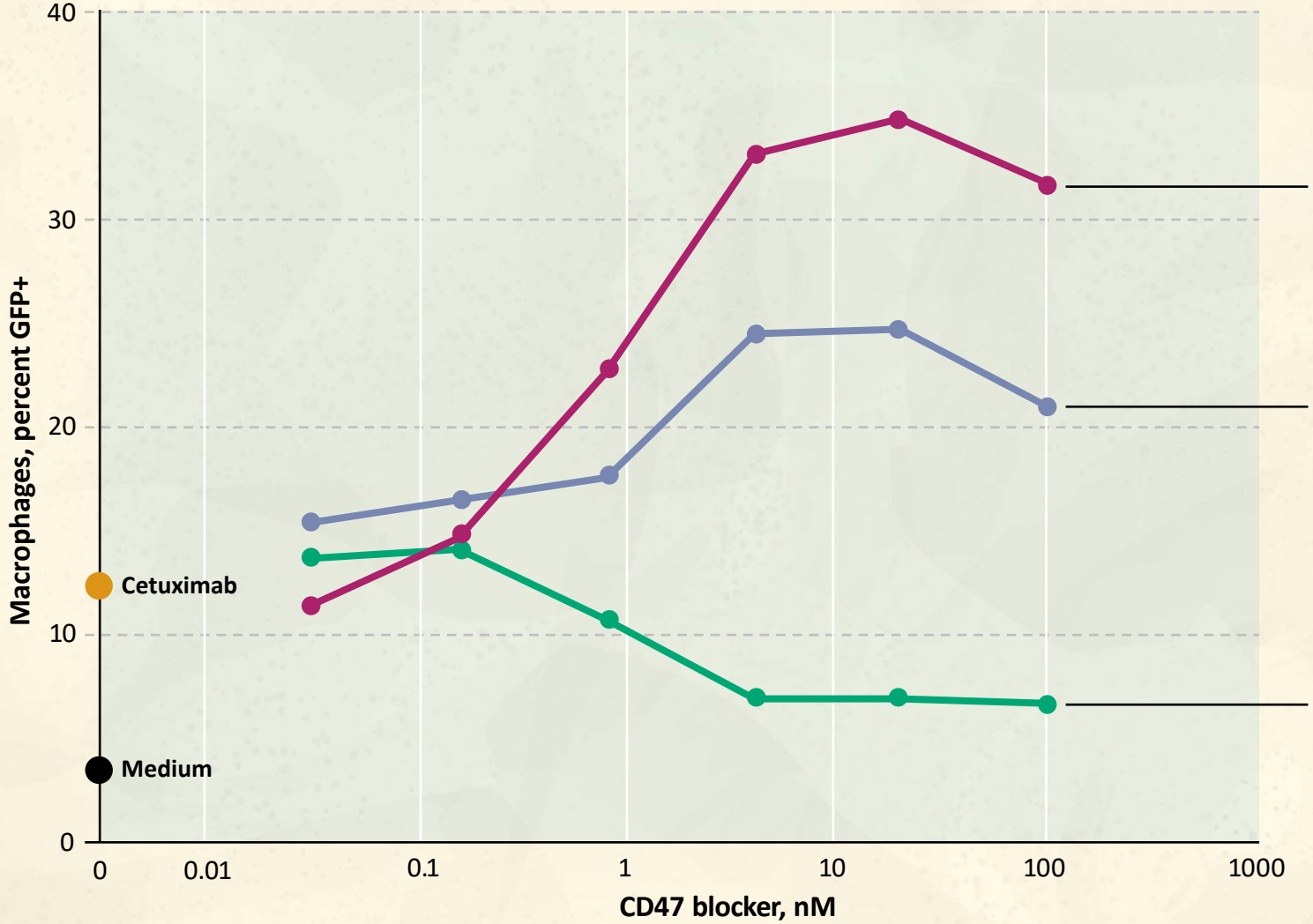


- ~Half the molecular weight of an antibody
- Increases solid tumor penetration
- Cross-reactive to human, monkey, mouse
- Standard antibody manufacturing process

ALX ONCOLOGY

EVORPACEPT DEMONSTRATES SUPERIOR PHAGOCYTOSIS





Evorpacept inactive Fc + Cetuximab

ADCP by cetuximab is enhanced by inactive Fc and high affinity

5F9 (Magrolimab) IgG4 + Cetuximab

Enhances ADCP with cetuximab but at lower levels

TTI-621 IgG1 + Cetuximab

Does not enhance ADCP in combination with cetuximab

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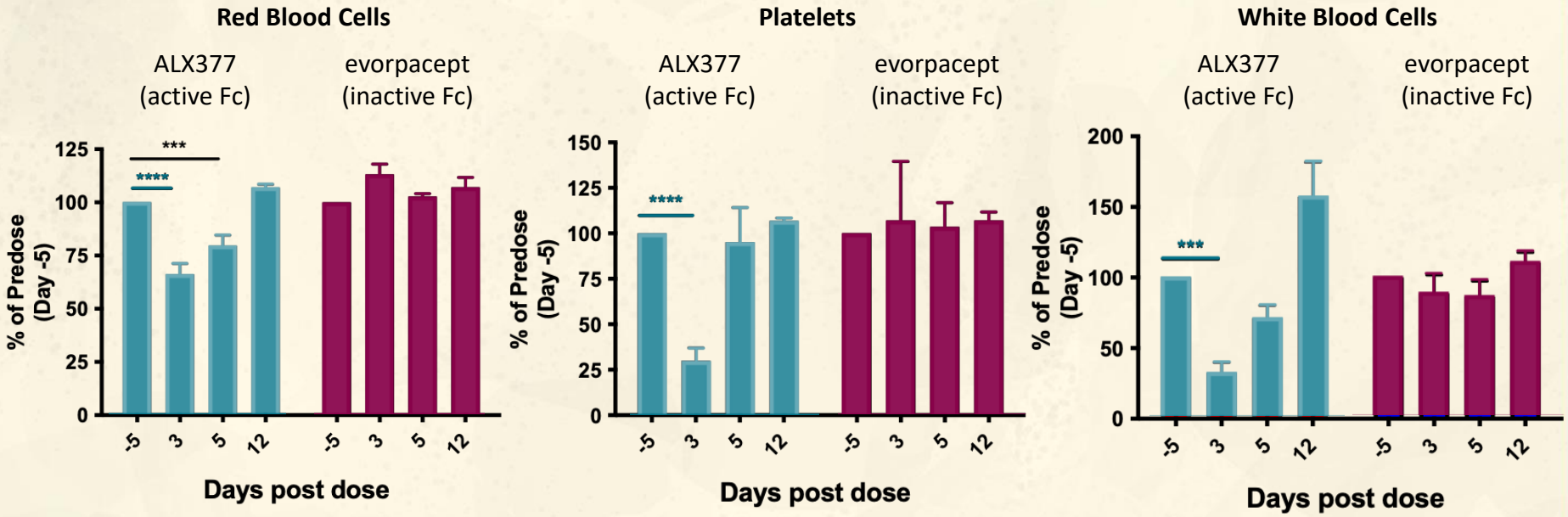
INACTIVE FC SHOWS REDUCED CYTOPENIA IN MICE IN VITRO



CD-1 mice received 30 mg/kg IV single dose

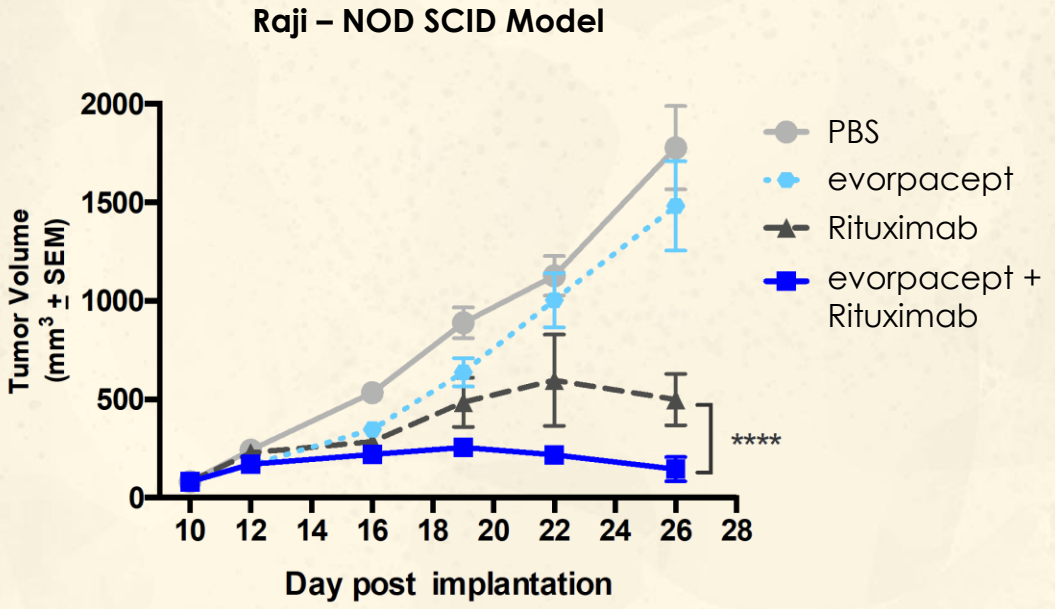
****p<0.0001, ***p<0.001

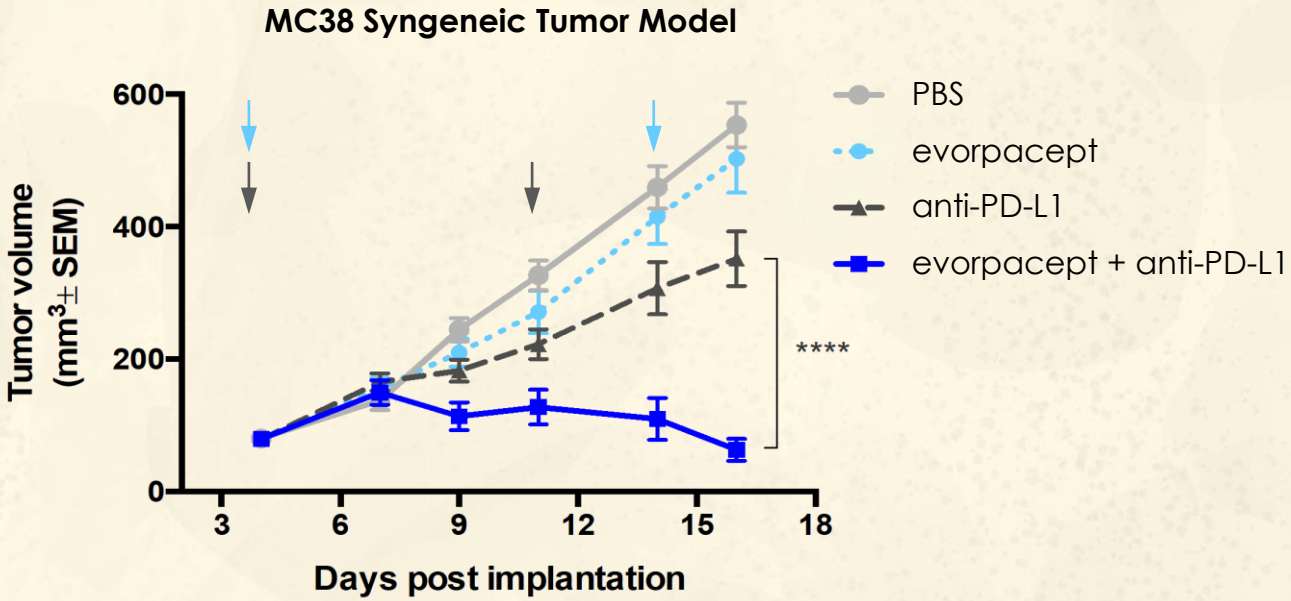
Inactive Fc is the core determinant of safety profile

Mouse cross-reactivity allows for safety and efficacy testing in mouse models

ALX ONCOLOGY

COMBINATION EFFICACY WITH TAA (RITUXIMAB) ANTIBODIES AND CHECKPOINT INHIBITOR (ATEZOLIZUMAB)





Mouse cross-reactivity allows for better clinical translation of preclinical models: presence of CD47 sink and mouse models with intact immune system

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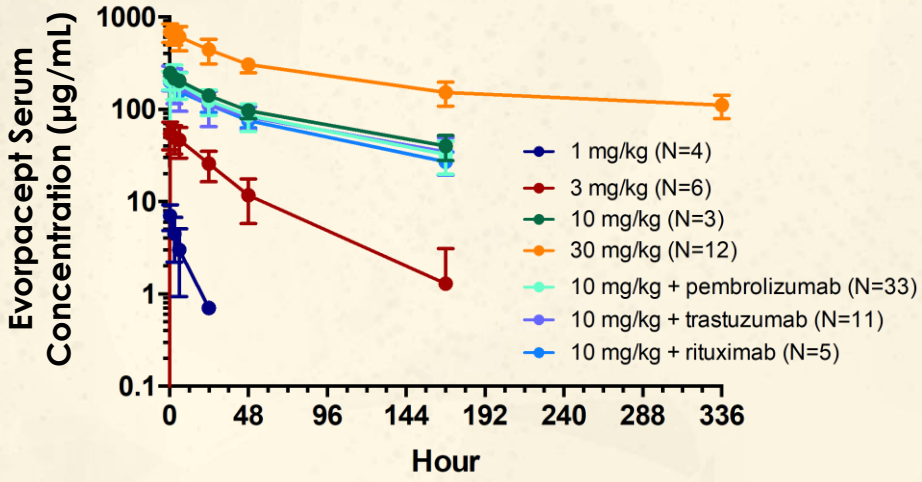
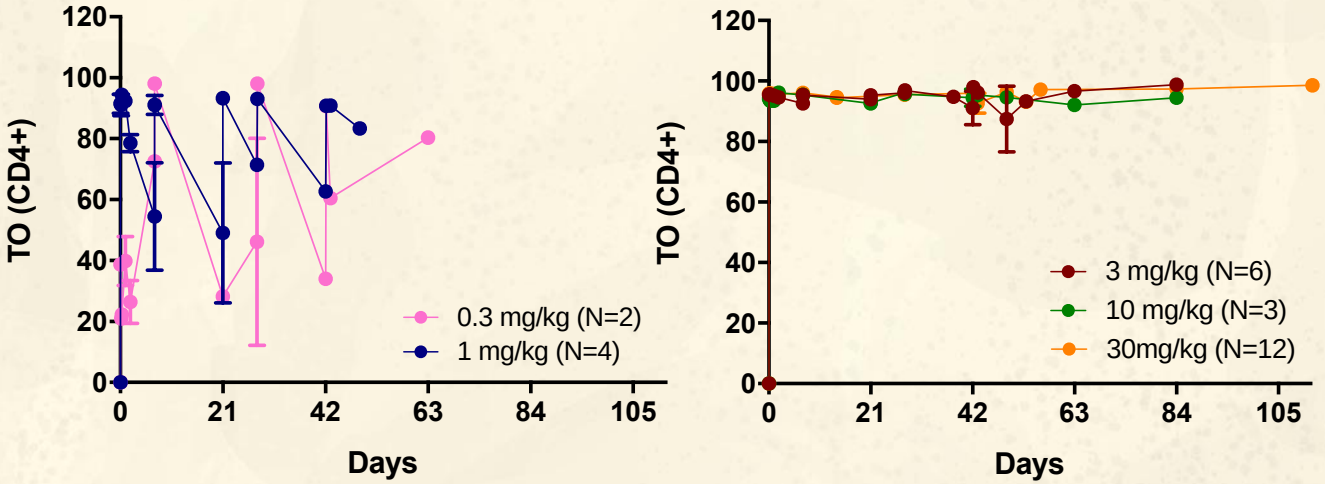
EVORPACEPT CLINICAL PHARMACOKINETICS AND CD47 TARGET OCCUPANCY

Evorpacept Serum Levels for Cycle 1 Day 1



- **Steady-state half-life of evorpacept at 10 mg/kg QW is predicted to be ~30 days.**
- Evorpacept PK profile is not impacted by combination drugs.

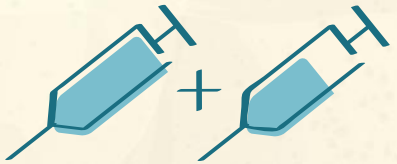
CD47 Target Occupancy by Evorpacept



- **Near complete CD47 target occupancy (TO) by evorpacept is maintained at ≥ 3 mg/kg QW across dosing interval**
- 0.3 and 1 mg/kg QW show near complete target occupancy at peak, but not at trough

ALX ONCOLOGY

EVORPACEPT DEMONSTRATES FAVORABLE TOLERABILITY PROFILE



	Preclinical	Single agent	Combinations
Highest administered dose	**100 mg/kg**[1] with no observable adverse events	**30 mg/kg Q2W**[2] No evidence of dose-dependent cytopenias	**15 mg/kg QW to 60 mg/kg Q4W**[3] Currently dosed

[1]100 mg/kg of evorpacept ≅ 200 mg/kg of a typical antibody
[2]Single agent safety, ALX presentation, ASCO 2018 poster
[3]Combination safety, ALX presentation, ASH 2021 poster

Evorpacept has not yet reached a maximum tolerated dose

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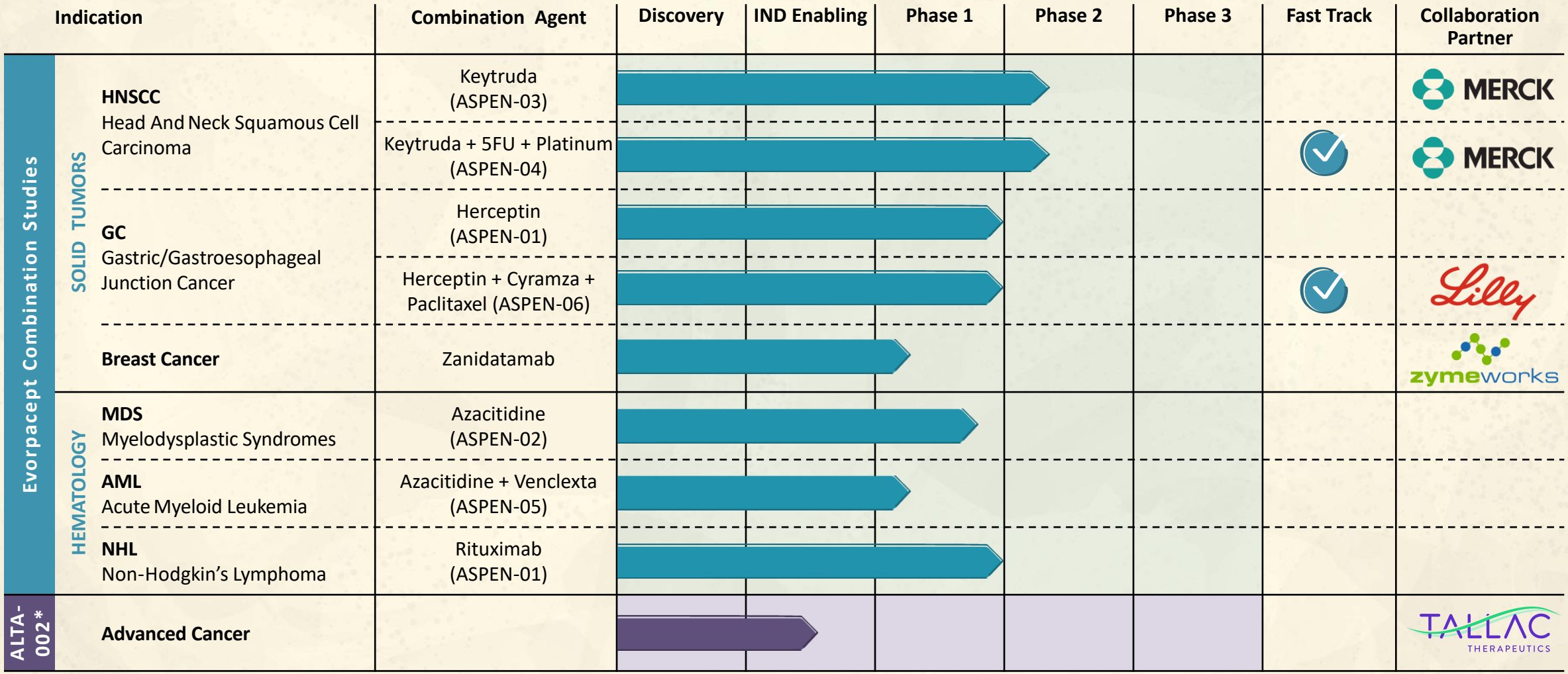
ALX PIPELINE



*SIRPα Toll-like receptor agonist antibody conjugate (TRAAC)

ALX ONCOLOGY

EVORPACEPT DEMONSTRATES CONSISTENT TOLERABILITY PROFILE

Treatment related adverse events	evorpacept + Herceptin + Cyramza + chemo (N=18)		evorpacept + Keytruda + chemo (N=13)		evorpacept + Keytruda (N=52)		evorpacept + azacitidine (N=22)	
	Total n (%)	≥Grade 3	Total n (%)	≥Grade 3	Total n (%)	≥Grade 3	Total n (%)	≥Grade 3
Fatigue	**2 (11.1%)**	-	**1 (7.7%)**	-	**6 (11.5%)**	-	-	-
Rash / dermatitis acneiform	**4 (22.2%)**	-	-	-	**5 (9.6%)**	-	-	-
AST increased	-	-	-	-	**9 (17.3%)**	-	-	-
Platelets decreased	-	-	-	-	**4 (7.7%)**	**2 (3.8%)**	-	-
ALT increased	-	-	-	-	**7 (13.5%)**	**1 (1.9%)**	-	-
Pruritus	**2 (11.1%)**	-	-	-	**5 (9.6%)**	-	-	-
Pyrexia	-	-	-	-	**3 (5.8%)**	-	-	-
Decreased appetite	-	-	-	-	**2 (3.8%)**	-	-	-
Anemia	**1 (5.6%)**	-	**1 (7.7%)**	**1 (7.7%)**	**5 (9.6%)**	**1 (1.9%)**	-	-
Infusion reaction	-	-	-	-	**4 (7.7%)**	-	**4 (18.2%)**	-
Neutropenia / neutrophil count decrease	-	-	**1 (7.7%)**	-	**2 (3.8%)**	**1 (1.9%)**	**3 (13.6%)**	**2 (9.1%)**
Nausea	-	-	-	-	**2 (3.8%)**	-	**2 (9.1%)**	-
Alkaline phosphatase incr	-	-	-	-	**3 (5.8%)**	-	-	-
Arthralgia	-	-	-	-	**3 (5.8%)**	-	-	-
WBC decreased	-	-	-	-	**3 (5.8%)**	-	-	-
Myalgia	-	-	-	-	**2 (3.8%)**	-	-	-
Diarrhea	**3 (16.7%)**	-	-	-	-	-	-	-
Urticaria	**3 (16.7%)**	-	-	-	-	-	-	-
Lymphocyte count decreased	**1 (5.6%)**	**1 (5.6%)**	-	-	-	-	-	-
Headache	**1 (5.6%)**	-	-	-	-	-	-	-
Stomatitis	**1 (5.6%)**	-	-	-	-	-	-	-
Back pain	**1 (5.6%)**	-	-	-	-	-	-	-
Vision blurred	**1 (5.6%)**	-	-	-	-	-	-	-
Abdominal pain / abdominal pain upper	**1 (5.6%)**	-	-	-	-	-	-	-
Hypersensitivity	-	-	**1 (7.7%)**	**1 (7.7%)**	-	-	-	-
Pneumonitis	-	-	**1 (7.7%)**	-	-	-	-	-
Constipation	-	-	-	-	-	-	**3 (13.6%)**	-
Vomiting	-	-	-	-	-	-	**2 (9.1%)**	-

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Tolerability profile enables broad combination potential

For combination cohort of evorpacept plus Keytruda, treatment related adverse events occurring in >1 subject in all histologies at 10 & 15 mg/kg QW; data as of April 1, 2020. For combination cohorts of evorpacept plus Keytruda and chemotherapy (5FU, platinum) or plus Herceptin and chemotherapy (Cyramza, paclitaxel), all treatment related adverse events are reported; data as of September 01, 2021. For combination cohort of evorpacept plus azacitidine, treatment related adverse events occurring in >1 subject at 20 & 30 mg/kg Q2W & 60 mg/kg Q4W; data as of Oct 25, 2021.

EVORPACEPT'S INITIAL CLINICAL ACTIVITY IS MAGNIFIED IN SURVIVAL-BASED ENDPOINTS ACROSS SOLID TUMOR TYPES IN MULTIPLE TRIALS

Population	≥2L HER2+ GC		1L HNSCC		≥2L HNSCC (CPI-Naïve)	
Combination (N-evaluable)	evorpacept + Herceptin + Cyramza + paclitaxel (N=18)		evorpacept + Keytruda + 5FU + platinum (N=13)		evorpacept + Keytruda (N=10)	
ORR	evorpacept 72%	benchmark[1] 28%	evorpacept 39%	benchmark[2] 36%	evorpacept 40%	benchmark[3] 15%
mPFS (months)	17.1	4.4	5.6	4.9	4.6	2.1
mOS (months)	17.1	9.6	NR	13.0	24.5	8.4
OS rate at 12 months	79%	40%	88%	53%	80%	37%
Benchmark regimen	Cyramza + paclitaxel		Keytruda + 5FU + platinum		single agent Keytruda	

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Data as of September 1, 2021. NR = not reach, ORR = Objective Response Rate, mPFS = median progression free survival, mOS = median overall survival. CPI = checkpoint inhibitor.
1) Wilke, Lancet Oncology, 2014; 2) Burtness, Lancet, 2019; 3) Cohen, Lancet, 2018.

EARLY DATA SHOWS EVORPACEPT COMBINATIONS HAVE ACHIEVED COMPLETE RESPONSES IN AGGRESSIVE HEMATOLOGIC MALIGNANCIES

ASPEN-02

Population	Previously untreated higher risk myelodysplastic syndromes (MDS) with TP53 mutation		Relapsed / refractory MDS
Combination	**Evorpacept + azacitidine**	Magrolimab + azacitidine[1]	**Evorpacept + azacitidine**
N-evaluable	**5**	4	**9**
CR	**2**	2	**-**
mCR	**1 with HI**	1	**5***
SD	**1**		**2**

ASPEN-01

Population	≥2L aggressive non-Hodgkin's lymphoma	
Combination	**Evorpacept + Rituximab[2]**	Magrolimab + Rituximab[3]
N-evaluable	**21**	38
ORR (%)	**8 (38%)**	11 (29%)
CR (%)	**1 (5%)**	2 (5%)
PR (%)	**7 (33%)**	9 (24%)

CR = complete response; mCR = marrow complete response; SD = stable disease; HI = hematologic improvement; ORR = overall response rate; PR = partial response. Evorpacept data in MDS as of October 25, 2021. Evorpacept data in NHL as of October 1, 2020. *Includes 3 unconfirmed responses.

1) Sallman, ASCO 2020; 2) Aggressive NHL includes DLBCL and MCL; 3) Roschewski, EHA 2019, Ph2 data, DLBCL only.

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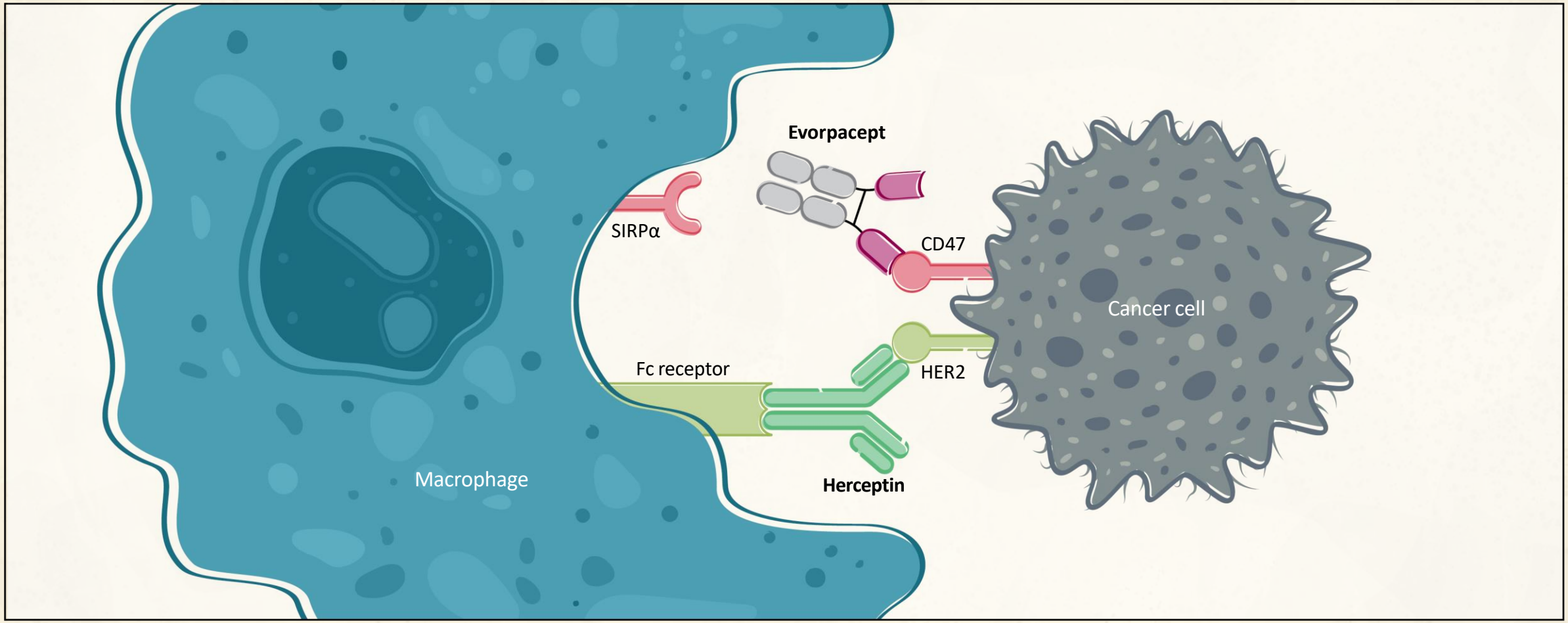
GC TRIAL: EVORPACEPT + HERCEPTIN MECHANISM OF ACTION



Evorpacept increases antibody dependent cellular phagocytosis in combination with Herceptin

ALX ONCOLOGY

CLINICAL ACTIVITY OF HISTORICAL BENCHMARKS IN PATIENTS WITH HER2 POSITIVE GASTRIC CANCER

Population	N	ORR	DOR (m) [95% CI]	PFS (m) [95% CI]	OS (m) [95% CI]	OS rate at 12 m
≥2L Gastric ramucirumab/paclitaxel RAINBOW[1]	330	28%	4.4 [IQR 2.8–7.5]	4.4 [4.2-5.3]	9.6 [8.5-10.8]	40%
≥2L Gastric trastuzumab/ram/paclitaxel[2]	50	52%	5.1 [3.3-6.9]	7.4 [6.5-8.3]	13.6 [9.6-17.5]	-
2L Gastric trastuzumab-deruxtecan DESTINY 02[3]	79	38%	8.1 [4.1-NE]	5.5 [4.2-7.3]	-	-
≥3L Gastric trastuzumab-deruxtecan DESTINY 01[4]	126	41%	11.3 [5.6-NE]	5.6 [4.3-6.9]	12.5 [9.6-14.3]	52%

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[1]Wilke et al, Lancet October 2014, [2]Rha et al #4063 ASCO 2021, [3]Van Cutsem et al ESMO 2021, [4]Enhertu product insert, and Shitara et al, NEJM June 18, 2020; NE could not be estimated; NR not reached

PHASE 1B GC TRIALS: PATIENT BASELINE CHARACTERISTICS

		evorpacept + Herceptin ≥2L GC (N=20)	evorpacept + Herceptin + Cyramza/chemo ≥2L GC (N=18)
Median age, years (range)		**58 (45-79)**	**67.5 (36-83)**
Sex, n	M	**15**	**13**
	F	**5**	**5**
Race, n	Asian	**13**	**15**
	White	**6**	**3**
	Other	**1**	**-**
ECOG PS, n	0	**7**	**8**
	1	**13**	**10**
Progressed upon prior anti-HER2 therapy, n (%)		**19 (95)**	**17 (94)**
Progressed upon ≥2 prior anti-HER2 therapy n (%)		**9 (45)**	**2 (11)**
Progressed upon prior CPI therapy, n (%)		**9 (45)**	**2 (11)**
Visceral distant metastasis, n (%)		**17 (85)**	**15 (83)**

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Data as of September 1, 2021.

PHASE 1B ≥2 LINE GC TRIAL: EVORPACEPT + HERCEPTIN

Phase 1b GC trial:

Response evaluable patients

N=19 HER2 positive GC progressed on prior fluoropyrimidine, Herceptin or platinum.

Treatment:

evorpacept 10 mg/kg once a week (QW)

+ **Herceptin**

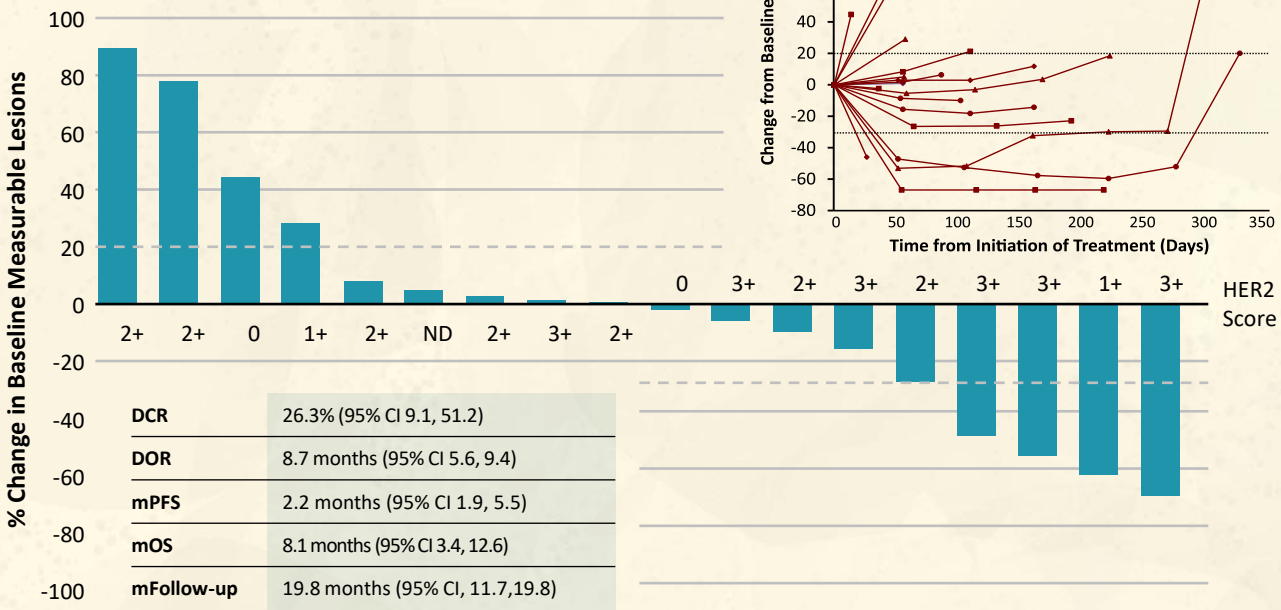
8 mg/kg once, then 6 mg/kg every three weeks (Q3W)

Endpoints:

- maximum tolerated dose
- anti-cancer activity

Result:

ORR 21.1% (4/19)



DCR	26.3% (95% CI 9.1, 51.2)
DOR	8.7 months (95% CI 5.6, 9.4)
mPFS	2.2 months (95% CI 1.9, 5.5)
mOS	8.1 months (95% CI 3.4, 12.6)
mFollow-up	19.8 months (95% CI, 11.7,19.8)

Notes: Data Cutoff October 1, 2020. Patients who received at least one dose of evorpacept in the expansion phase, had a baseline assessment, and at least one post-baseline disease assessment; One patient with clinical progression not included in plots.

ORR = Overall Response Rate. **ND** = Not Done. **HER2** Score retrospectively assessed using archival tissue by a central IHC lab.

FDA granted evorpacept fast track designation for second-line treatment of HER2 positive GC

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PHASE 1B ≥2 LINE GC TRIAL: EVORPACEPT + HERCEPTIN + CYRAMZA + PACLITAXEL

Phase 1b higher dose + chemo trial:

Patients:

R/R HER2 positive GC, 2L or greater; Progressed on prior Herceptin and fluoropyrimidine or platinum.

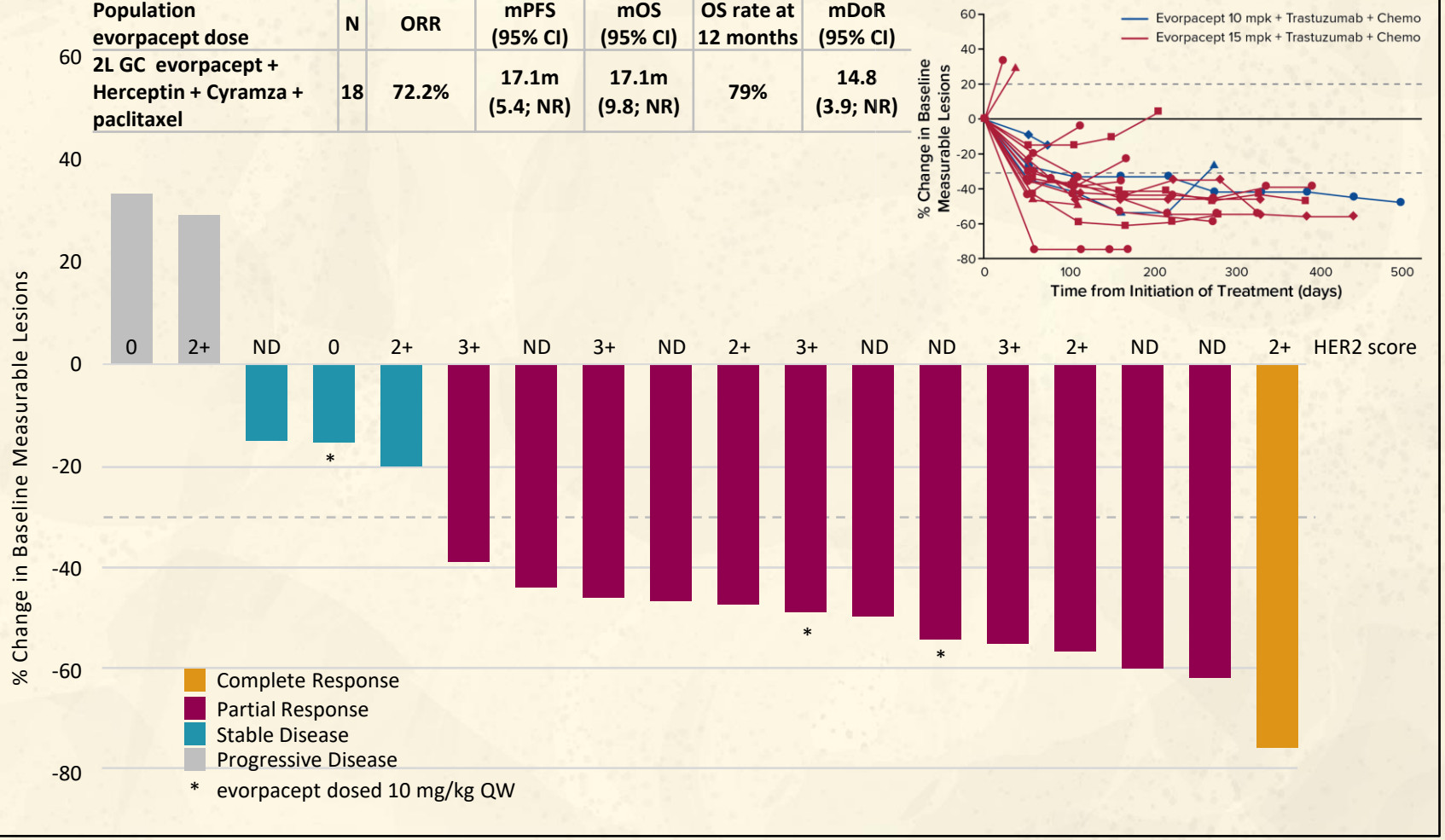
Treatment:

evorpacept 10 and 15 mg/kg (QW)
+ **Herceptin**
+ **Cyramza**
+ p**aclitaxel**

Endpoint:

- safety of combination
- anti-cancer activity

Population evorpacept dose	N	ORR	mPFS (95% CI)	mOS (95% CI)	OS rate at 12 months	mDoR (95% CI)
2L GC evorpacept + Herceptin + Cyramza + paclitaxel	18	72.2%	17.1m (5.4; NR)	17.1m (9.8; NR)	79%	14.8 (3.9; NR)



Data Cutoff September 1, 2021. ND = Not Done. NR = Not Reached.

ALX ONCOLOGY

SECOND LINE GC: PLANNED RANDOMIZED PHASE 2 CLINICAL TRIAL, ASPEN-06

Randomized Phase 2:

Patients: **N=100**

2L or greater HER2 positive GC with prior HER2 targeted therapy

Treatment

evorpacept 30 mg/kg (Q2W) + Herceptin + Cyramza + paclitaxel

vs.

+ Herceptin + Cyramza + paclitaxel

Endpoint: • Anticancer activity: including ORR, DOR, PFS, OS

Randomized Planned Phase 3:

Patients:

2L or greater HER2 positive GC with prior HER2 targeted therapy

Treatment

evorpacept 30 mg/kg (Q2W) + Herceptin + Cyramza + paclitaxel

vs.

+ Cyramza + paclitaxel

Endpoint: • Anticancer activity: including OS, PFS, ORR, DOR

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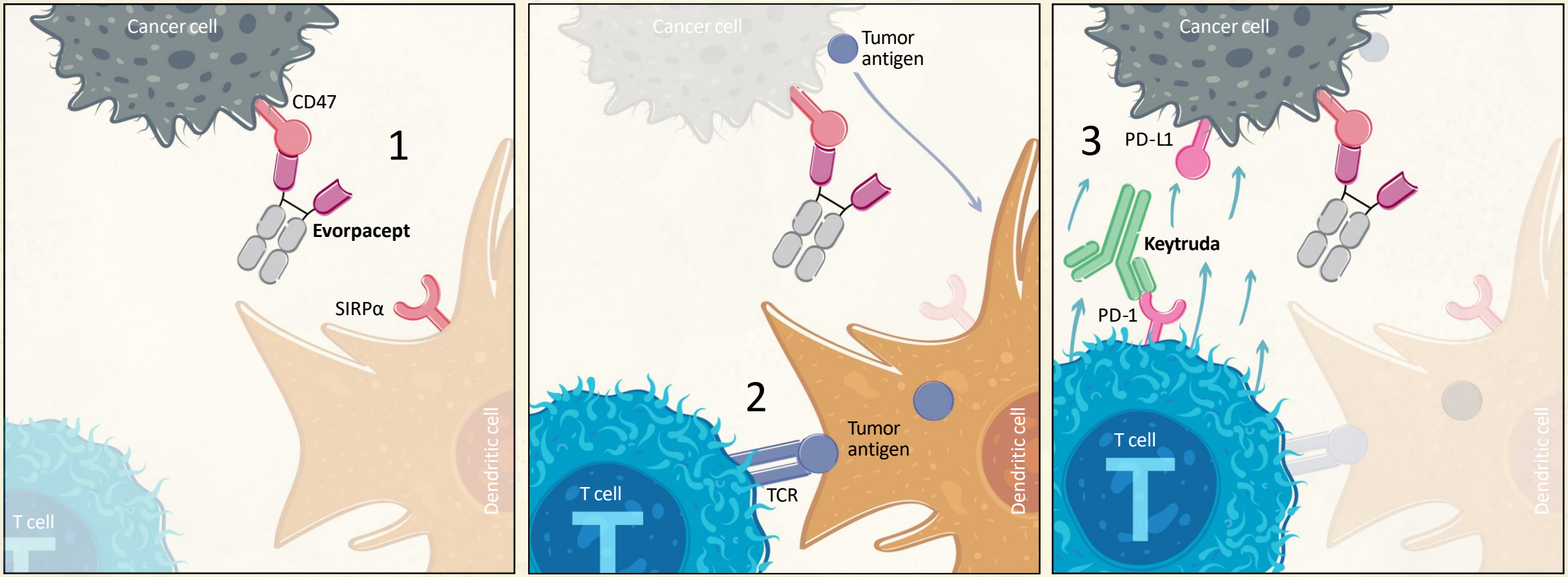
Dosing schedules: Herceptin and Cyramza Q2W, paclitaxel on days 1, 8, and 15 of a 28-day cycle

HNSCC TRIAL: EVORPACEPT + KEYTRUDA MECHANISM OF ACTION



Evorpacept activates dendritic cells and enhances cross-priming of T cells

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OS RATE AT 12 MONTHS PREDICTIVE OF OVERALL SURVIVAL

	Population	N	ORR (%)	PFS (m) [95% CI]	OS Rate at 12 m	OS (m) [95% CI]	Follow Up (m) [95% CI]
1L	**KEYNOTE-048: 1L HNSCC** pembrolizumab + 5FU/platinum	281	36%	4.9 [4.7–6.0]	53%	13.0 [10.9–14.7]	13 [6.4–26.6]
1L	**KEYNOTE-048: 1L HNSCC** cetuximab + 5FU/platinum	300	36%	5.1 [4.9–6.0]	44%	10.7 [9.3–11.7]	10.7 [6.6–19.7]
2L	**KEYNOTE-040: 2L HNSCC (CPI naïve)** pembrolizumab	247	14.6%	2.1 [2.1–2.3]	37%	8.4 [6.4–9.4]	8.4 [3.3–14.5]
2L	**KEYNOTE-040: 2L HNSCC (CPI naïve)** Phys Choice: methotrexate, docetaxel, or cetuximab	248	10.1%	2.3 [2.1–2.8]	26.5%	6.9 [5.9–8.0]	7.1 [3.7-12.4]

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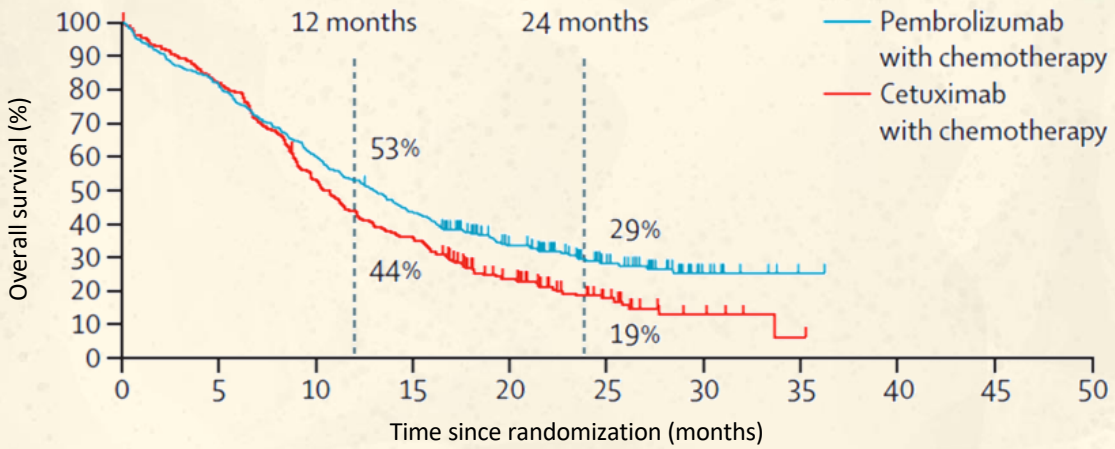
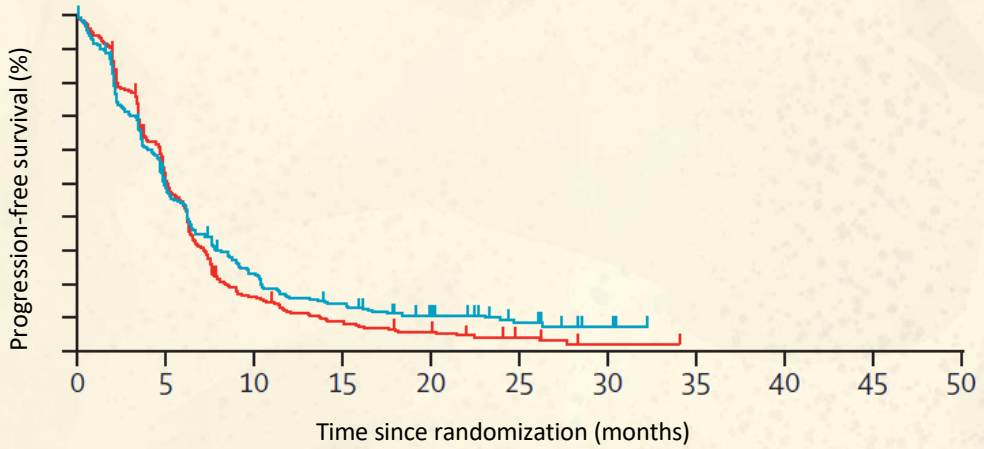
Burtness et al. Lancet 2019; Cohen et al. Lancet 2018

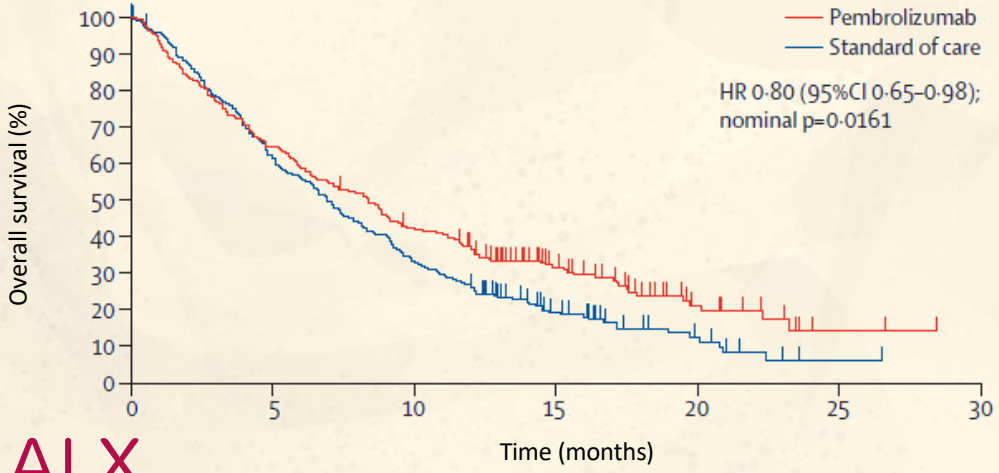
IMMUNO-ONCOLOGY AGENTS IN CPI NAÏVE HNSCC POPULATIONS: PFS AND OS AS ENDPOINTS IN KEYNOTE-040 AND 048

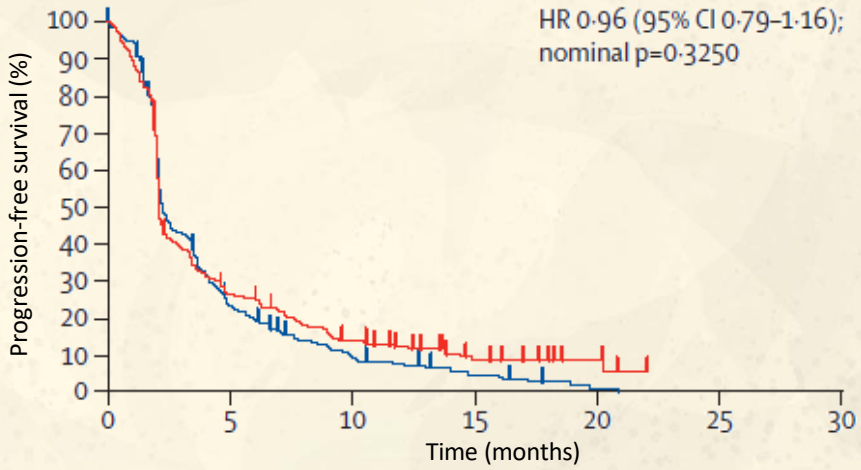
KEYNOTE-048: OS and PFS at the Second Interim Analysis in the 1L HNSCC CPI Naïve Population





KEYNOTE-040: OS and PFS at the Final Analysis in the 2L HNSCC CPI Naïve Population





ALX ONCOLOGY

Burtness et al. Lancet 2019; Cohen et al. Lancet 2018

HNSCC TRIALS: PATIENT BASELINE CHARACTERISTICS

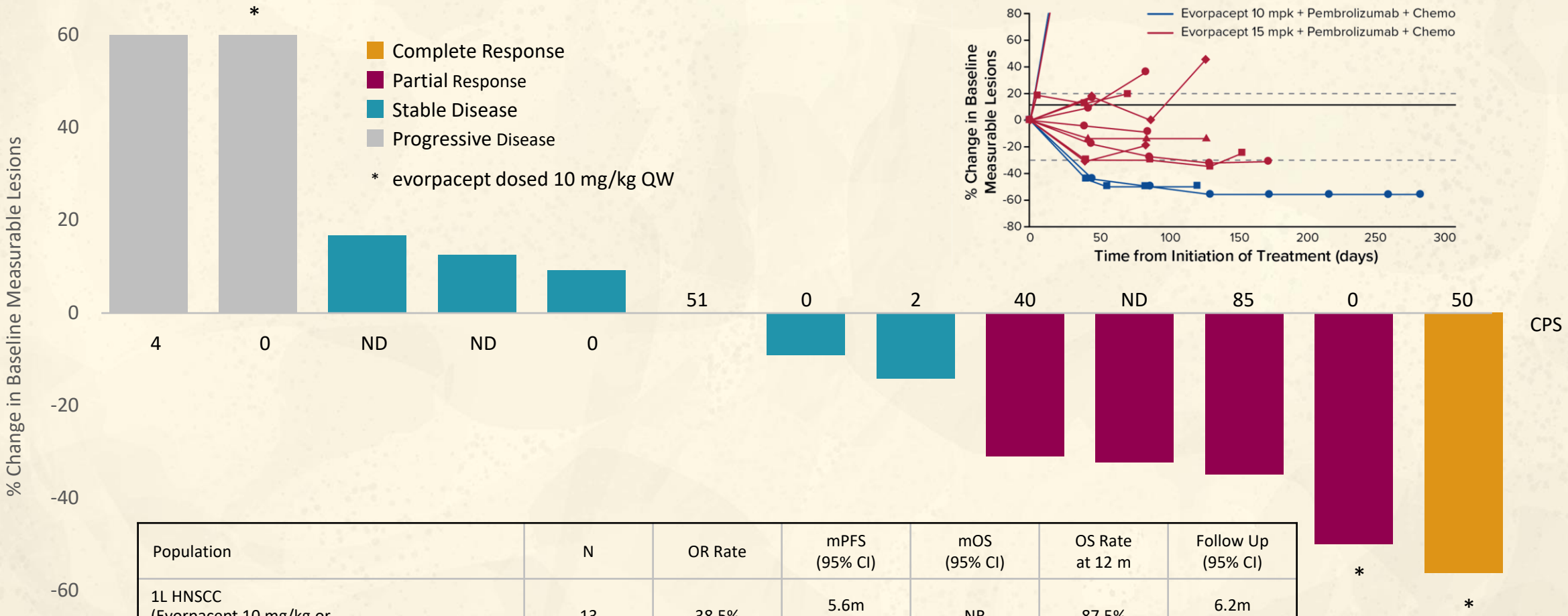
		evorpacept + Keytruda ≥2L HSCC (N=10)	evorpacept + Keytruda + 5FU/platinum 1L HNSCC (N=13)
Median age, years (range)		**63 (35-81)**	**61 (45-70)**
Sex, n	M	**7**	**12**
	F	**3**	**1**
Race, n	Asian	**5**	**10**
	White	**4**	**3**
	Black	**1**	**-**
ECOG PS, n	0	**3**	**8**
	1	**7**	**5**
Progressed upon prior CPI therapy, n (%)		**0 (0)**	**0 (0)**
Visceral distant metastasis, n (%)		**6 (60)**	**7 (54)**

ALX ONCOLOGY

Data as of September 1, 2021.

PHASE 1B HNSCC: EVORPACEPT + KEYTRUDA + 5FU/PLATINUM FIRST LINE CHECKPOINT NAIVE

Evorpacept + Keytruda + 5FU/platinum in 1L HNSCC



Population	N	OR Rate	mPFS (95% CI)	mOS (95% CI)	OS Rate at 12 m	Follow Up (95% CI)
1L HNSCC (Evorpacept 10 mg/kg or 15 mg/kg + Keytruda + chemo)	13	38.5%	5.6m (3.6; NR)	NR	87.5%	6.2m (4.7; 10.6)
≥2L HNSCC (CPI naïve) (Evorpacept 10 mg/kg + Keytruda)	10	40%	4.6m (0.5; 7.5)	24.5m (3.1; NR)	80%	32.5m (26.9; NR)

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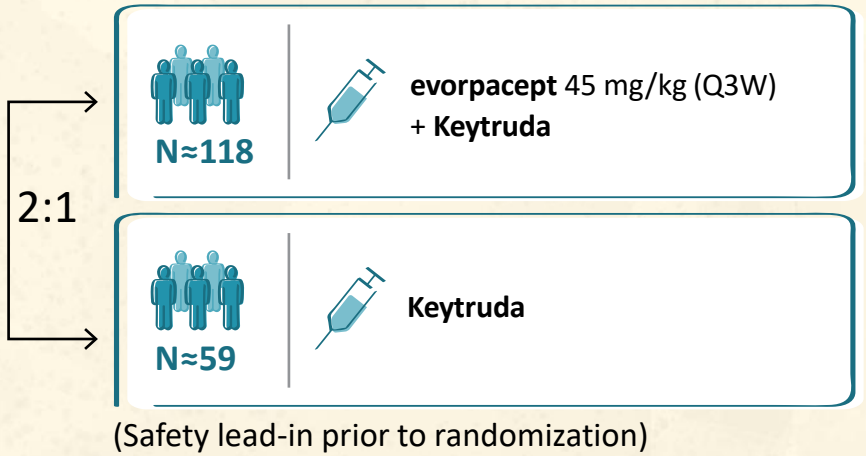
Data Cutoff September 1, 2021. NR = not reached. ND = not done.

FIRST LINE HEAD & NECK CANCER: PHASE 2 DEVELOPMENT PLAN, ASPEN-03 AND ASPEN-04

evorpacept
+
Keytruda

ASPEN-03 Phase 2 trial: Open for Accrual



(Safety lead-in prior to randomization)

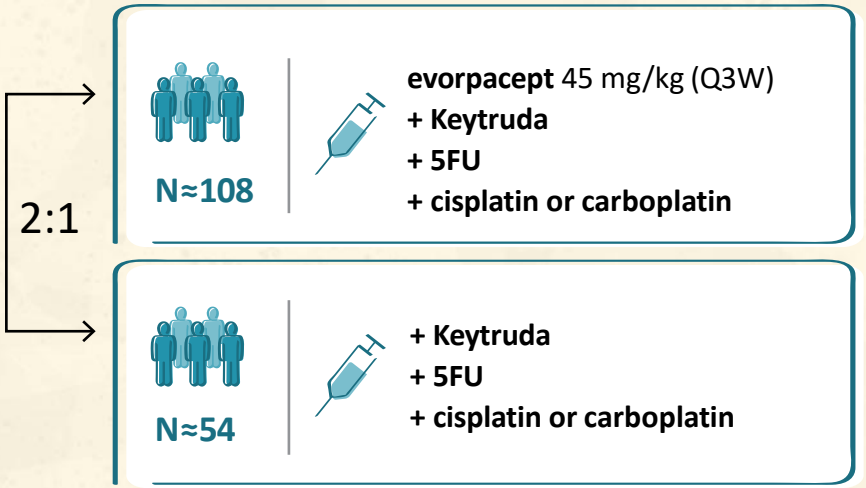
- **First patient enrolled May 2021**

Co-Primary Endpoints:

- 12-month OS rate
- ORR

evorpacept
+
Keytruda
+
chemo

ASPEN-04 Phase 2 trial: Open for Accrual



(Safety lead-in prior to randomization)

- **First patient enrolled July 2021**

Co-Primary Endpoints:

- 12-month OS rate
- ORR

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Dosing schedules: Keytruda and chemotherapy Q3W

EVORPACEPT SHOWS CLINICAL ACTIVITY IN HEMATOLOGIC MALIGNANCY: ASPEN-01 NHL

	Evorpacept (10 mg/kg QW) + Rituxan		Evorpacept (15 mg/kg QW) + Rituxan	
Population	N	ORR	N	ORR
All	**22**	**40.9%**	**10**	**70.0%**
Aggressive	**15**	**33.3%**	**6**	**50.0%**
Indolent	**7**	**57.1%**	**4**	**100.0%**

Evorpacept demonstrated higher response rate at higher dosing

Data Cutoff: October 1, 2020; ASH 2020 Abstract 3016
N = Response Evaluable Patients
Indolent = Follicular Lymphoma and Marginal Zone Lymphoma.
Aggressive = Diffuse Large B-cell Lymphoma and Mantle Cell Lymphoma.
ORR = Objective Response Rate.

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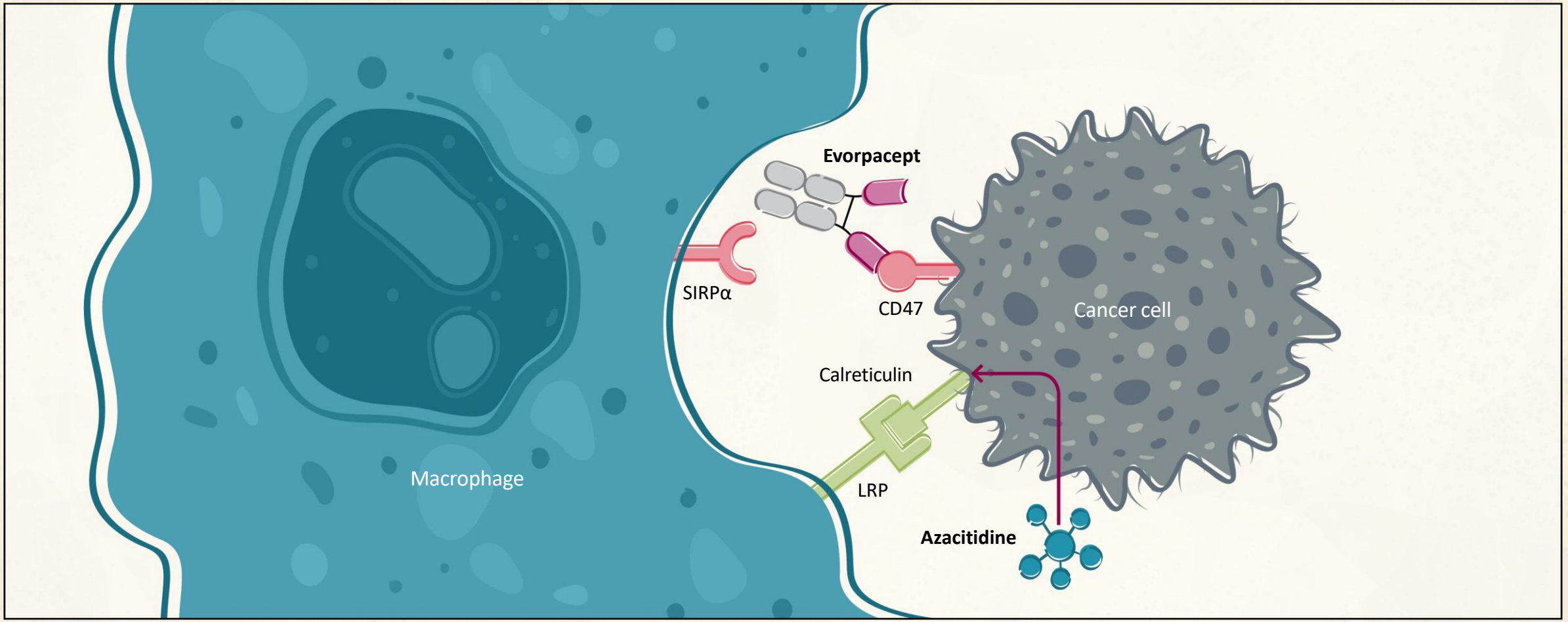
MDS TRIAL: EVORPACEPT + AZACITIDINE MECHANISM OF ACTION



Evorpacept increases pro-phagocytic signal provided by azacitidine

ALX ONCOLOGY

CLINICAL ACTIVITY OF HISTORICAL BENCHMARKS IN PATIENTS WITH MDS

evorpacept in MDS

	Population	N	ORR	CRR	mOS (m)
1L	**Phase 3 AZA-002: 1L HR-MDS[1]** Azacitidine	179	29%*	17%	24.5
1L	**Retrospective analysis: 1L HR-MDS with TP53 mutation and complex cytogenetics[2]** Azacitidine	261	~63%	~22%	10.7
2L	**Phase 2: 2L MDS[4]** Guadecitabine	56	14%	4%	7.1
2L+	**Phase 1b: ≥2L MDS[3]** Venetoclax + azacitidine	38	40%	8%	-

*CR + PR per IWG 2000 criteria. HR = higher risk.

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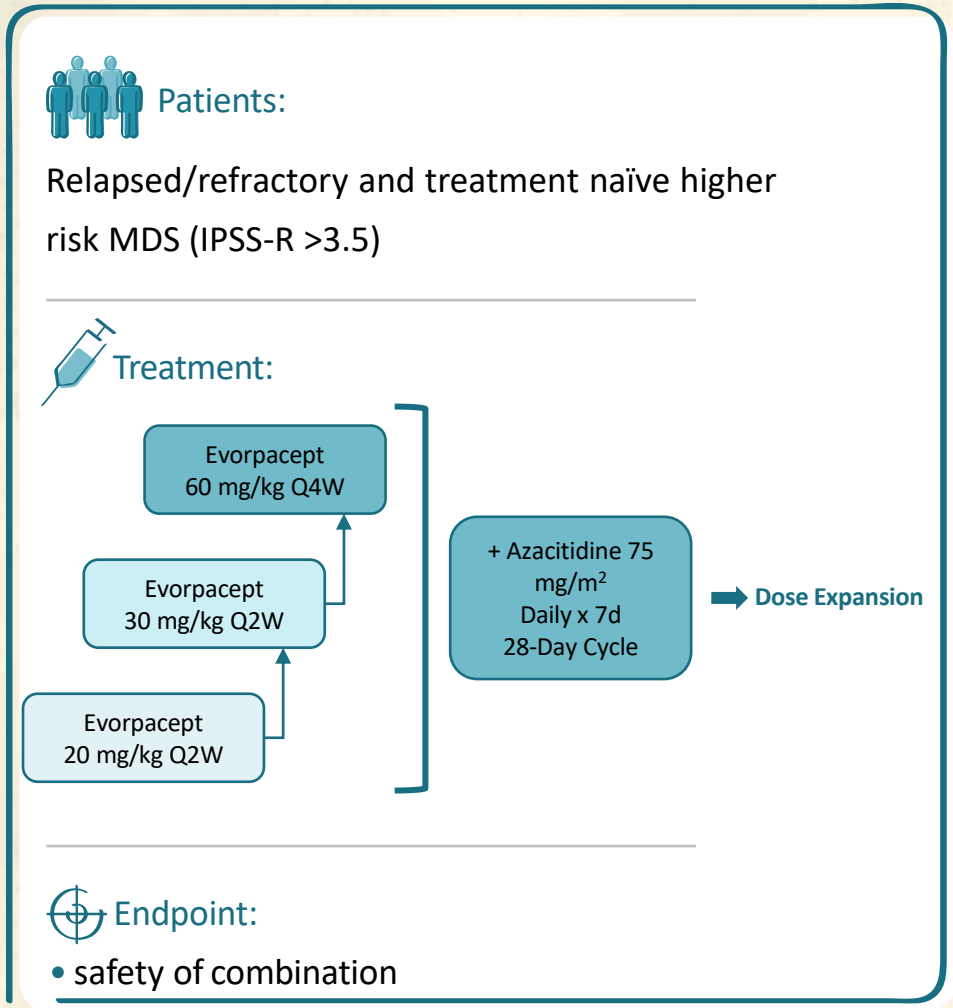
[1]Fenaux et al, Lancet Onc 2009; [2]Montalban-Bravo, Blood 2020; [3]Zeidan et al, ASH 2019; [4]Sebert et al, Haematologica 2019

MDS TRIAL: DESIGN AND PATIENT BASELINE CHARACTERISTICS

Phase 1 Design



Patient Baseline Characteristics

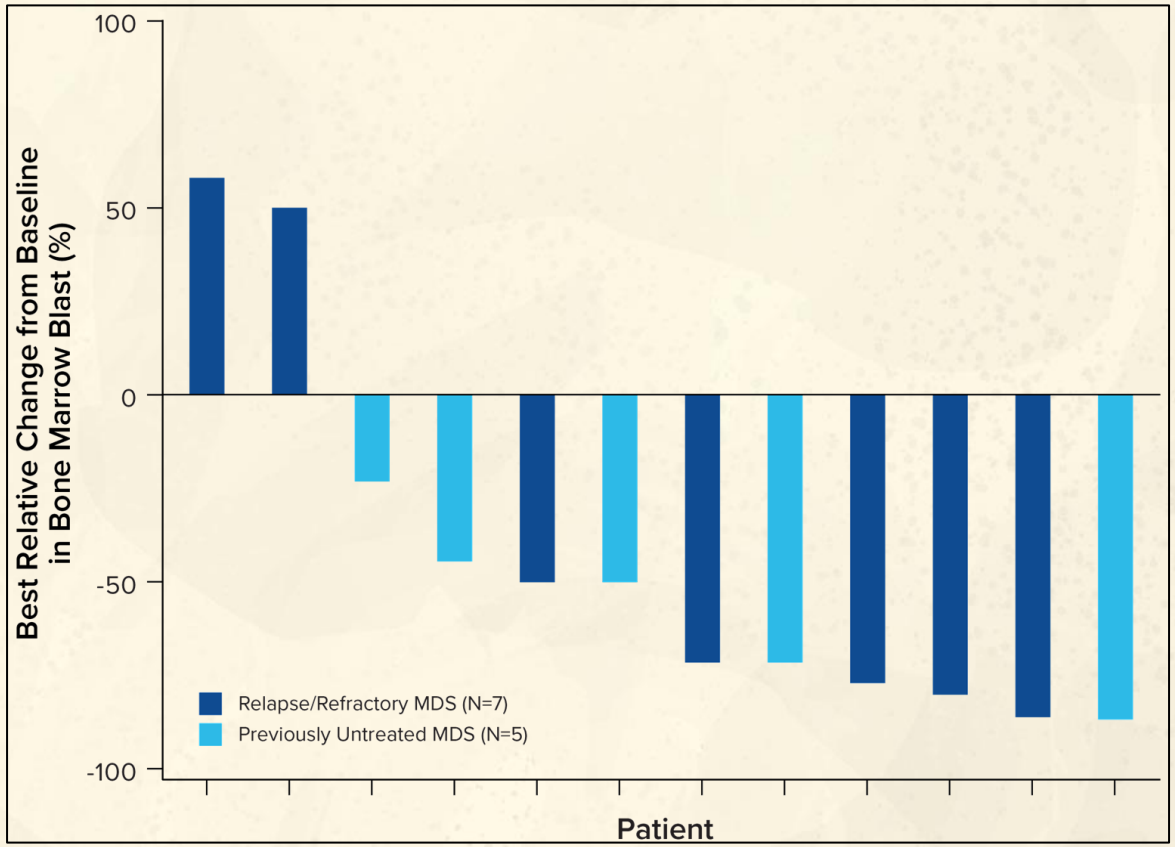
		evorpacept + azacitidine (N=22)
Median age, years (range)		70.5 (56 – 81)
Sex, n	F	8
	M	14
Race, n	White	17
	Black	4
	Unknown	1
ECOG PS, n	0	6
	1	16
	2	0
MDS Status, n	Previously untreated HR-MDS	9
	• Therapy related	6
	Relapsed/Refractory MDS	13
	• Prior HMA treatment	13
IPSS-R Score	Mean	6.0
	Median	5.8
	Min-Max	1.0-10.0
Mutation Status, n (%)	TP53	8 (36%)
	ASXL1	4 (18%)
	TET2	3 (14%)
	DNMT3A	2 (9%)
	SF3B1	1 (4.5%)
	SRSF2	1 (4.5%)
	RUNX1	1 (4.5%)
Cytogenetic Risk at Diagnosis, n (%)	Very Good	0
	Good	2 (9%)
	Intermediate	0
	Poor	2 (9%)
	Very Poor	8 (36%)
	Not Available	10 (45%)

Data as of October 25, 2021

PHASE 1B MDS: EVORPACEPT + AZACITIDINE FOR PREVIOUSLY UNTREATED HIGHER RISK (HR) MDS AND RELAPSED/REFRACTORY MDS

Initial Patients' Data Presented at ASH 2021

	Previously Untreated HR-MDS (N=6)	Previously Untreated HR-MDS with TP53 mutation (N=5)	Relapsed/Refractory MDS (N=9)#
ORR	3 (50%)	3 (60%)	5 (56%)*
CR	2 (33%)	2 (40%)	0
PR	0	0	0
Marrow CR	1 (17%) with HI	1 (20%) with HI	5 (56%)*
HI	0	0	0
SD	2 (33%)	1 (20%)	2 (22%)
PD	1 (17%)	1 (20%)	1 (11%)



Data Cutoff 25Oct2021; Response evaluable population (n=15); *includes 3 unconfirmed responses; #1 subject had G5 event unrelated to treatment prior to first disease assessment; On graphic, 2 subjects (1 Relapsed/Refractory and 1 Previously Untreated) with missing data and 1 subject with G5 unrelated event not represented.
ORR – Objective response rate; CR – Complete response; PR – Partial response; HI – Hematologic improvement; E – Erythroid; P – Platelet; SD – Stable disease; PD – Disease progression; IWG – international working group.

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MDS TRIAL PLANS, ASPEN-02

Phase 1 Dose Escalation:

Patients:

N~18

Relapsed/refractory and treatment naïve higher risk MDS (IPSS-R >3.5)

Treatment:

evorpacept
20 mg/kg (Q2W)
30 mg/kg (Q2W)
or 60 mg/kg (Q4W)
+
azacitidine

Endpoint:

- safety of combination

Phase 1 Dose Expansion: Open for Accrual

Patients:

N~40

Treatment naïve higher risk MDS (IPSS-R >3.5)

Treatment:

evorpacept
40 mg/kg (Q4W)
or 60 mg/kg (Q4W)
+
azacitidine

Endpoint:

- safety of combination

Phase 2 Randomized Trial

Patients:

Treatment naïve higher risk MDS (IPSS-R >3.5)

Treatment:

evorpacept
recommended phase 2 dose
+
azacitidine

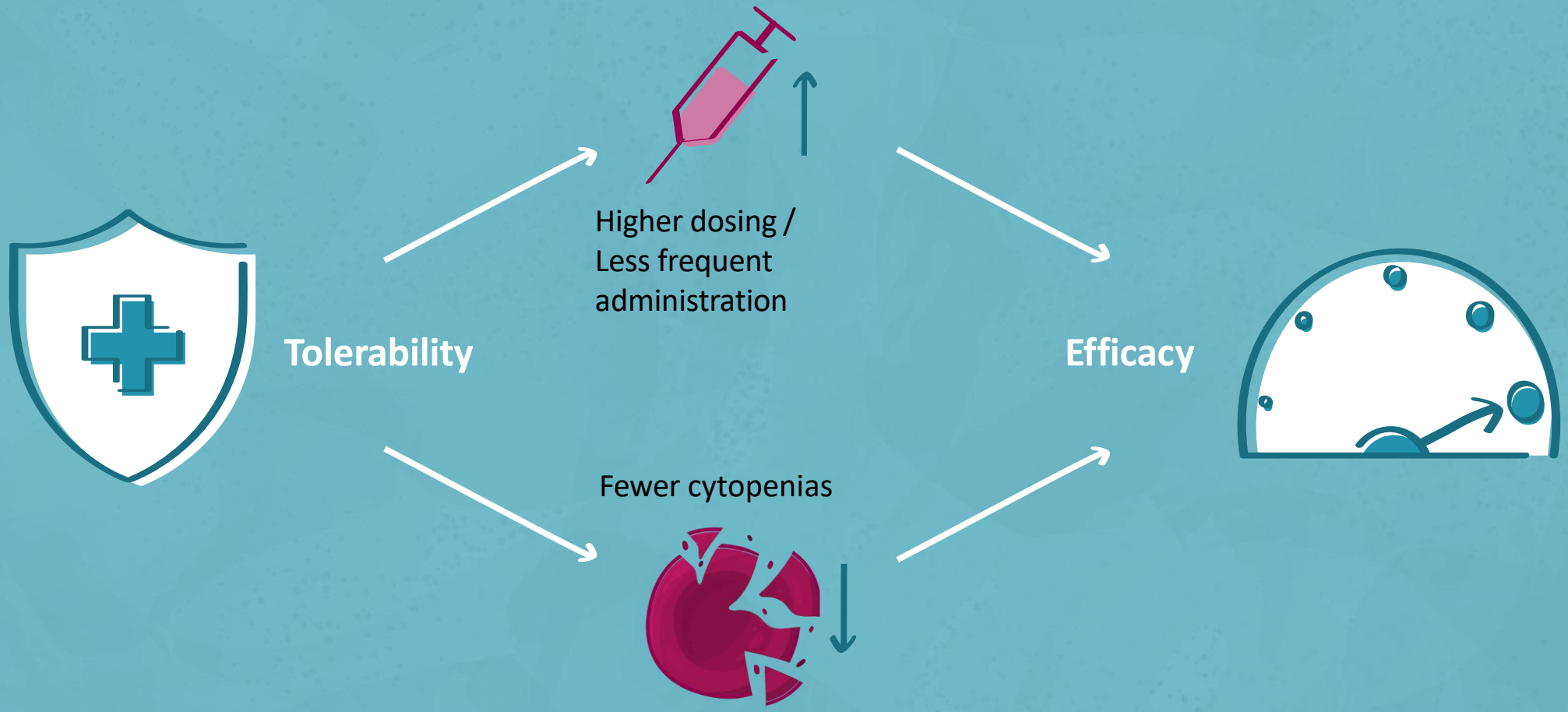
vs.
azacitidine

Endpoint:

- complete response rate (CRR)

ALX ONCOLOGY

EVORPACEPT DIFFERENTIATION POTENTIAL ENABLED BY TOLERABILITY



EVORPACEPT SUMMARY

Evorpacept tolerability profile enables combination with range of agents

Evorpacept higher dosing and smaller molecular weight facilitate tumor penetration for greater efficacy

Clinical proof-of-principle in hematologic and solid tumors

Evorpacept is the only CD47 blocker to show encouraging response data in solid tumor indications

ALX ONCOLOGY

EARLY STAGE PIPELINE:
SIRPα-TRAAC COLLABORATION

ALX ONCOLOGY

ALX ONCOLOGY AND TALLAC THERAPEUTICS 50/50 JOINT COLLABORATION ON NOVEL SIRPα ANTIBODY – TLR9 AGONIST CONJUGATE (SIRPα TRAAC)

Provides SIRPα antibody

- CD47-SIPRα is a dominant myeloid checkpoint mechanism where SIRPα is expressed on myeloid and dendritic cells as well as on a range of tumor cells.
- SIRPα expression on tumor cells enables tumor microenvironment localization of SIRPα TRAAC.

Provides TRAAC platform and TLR9 agonist

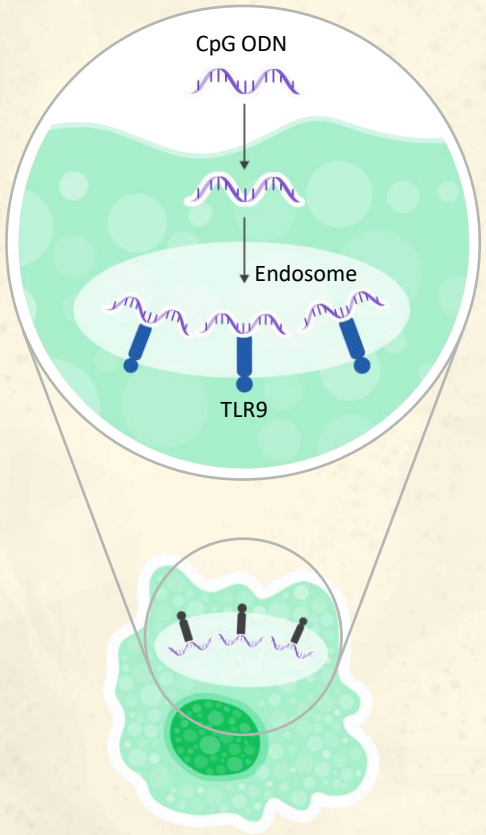
- Toll-like receptor 9 (TLR9) is a key receptor in the innate immune response.
- Synthetic CpG oligonucleotides (CpG ODNs) are potent TLR9 agonists that stimulate antitumoral cytokine production and immune activation.
- Novel Toll-like receptor agonist antibody conjugation platform (TRAAC) enables systemic delivery of targeted TLR9 activation.

SIRPα TRAAC induces targeted immune activation, bridging innate and adaptive immune responses.

SIRPα TRAAC simultaneously overrides "don't eat me" signals by blocking CD47-SIRPα myeloid checkpoint pathway and induces TLR9-based immune activation in antigen presenting cells (APCs).

TOLL-LIKE RECEPTOR 9 (TLR9): A KEY INNATE PATHWAY
PROOF-OF-CONCEPT DATA IN MELANOMA PATIENTS WITH INTRATUMORAL TLR9 AGONISTS

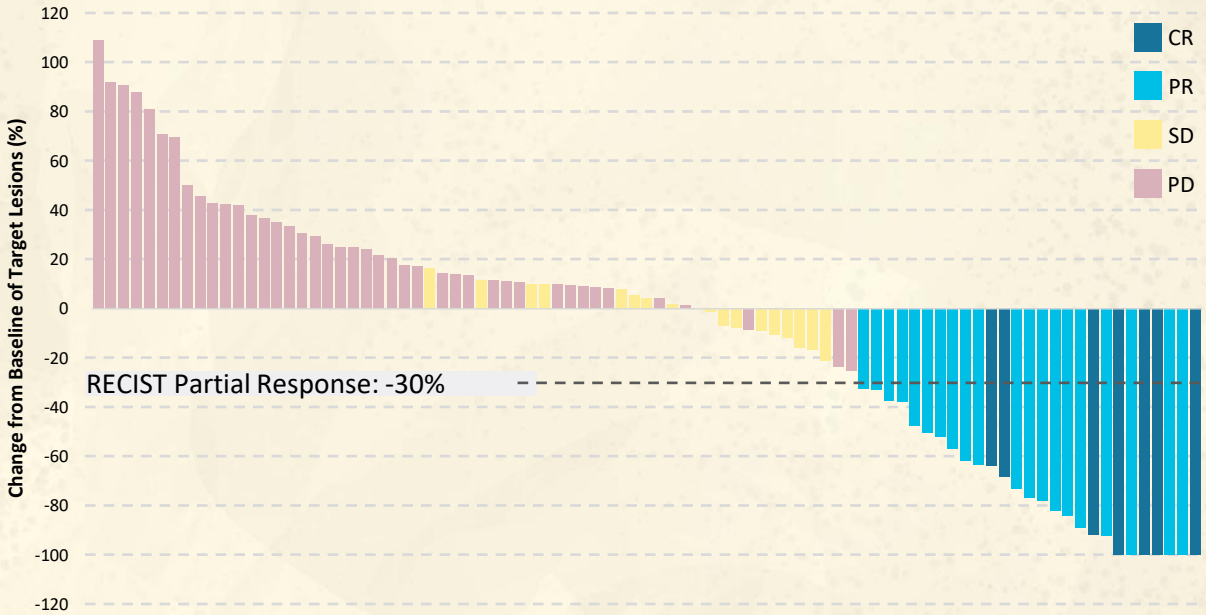
TLR9 stimulation by CpG ODN leads to immune cell activation



CpG ODN uptake

Immune activation

Intratumoral programs have demonstrated clinical activity



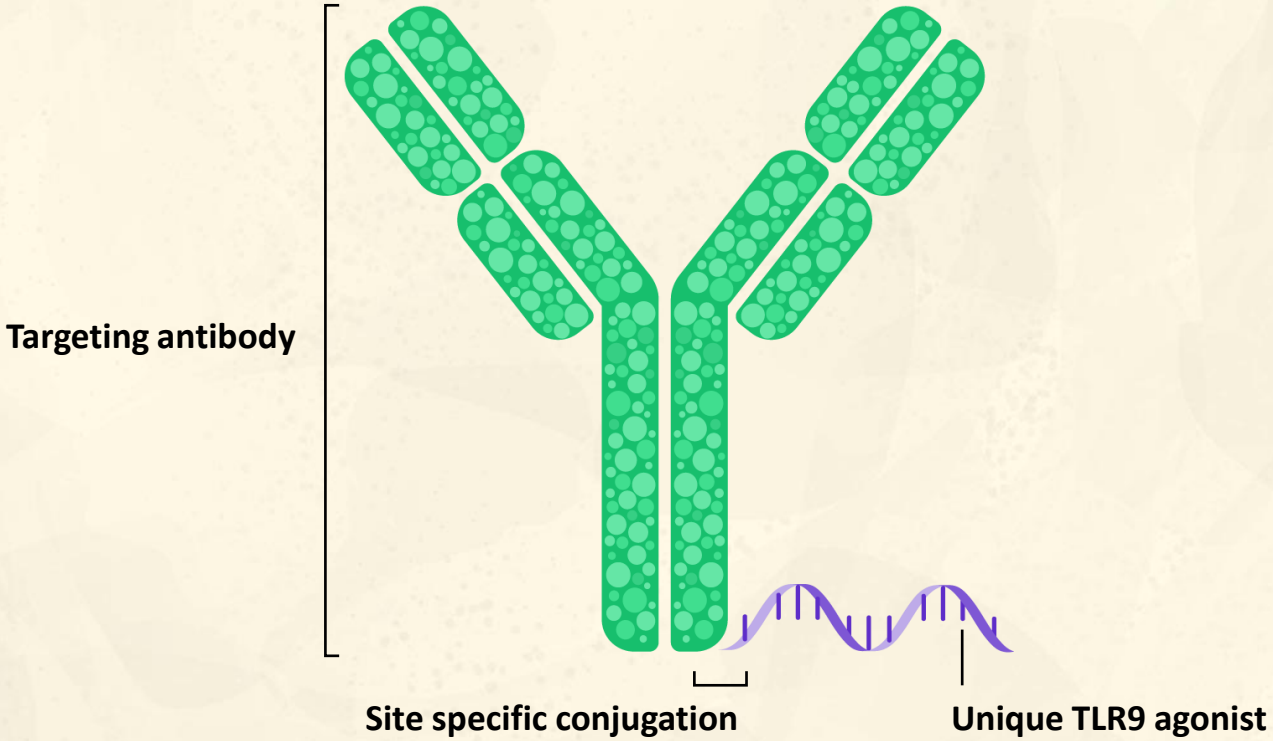
CMP-001 (Checkmate) + Pembrolizumab in Anti-PD-1 Refractory Melanoma, [1-4]Checkmate, S1 2020.

Additional clinical data from SD-101 (Dynavax), IMO-2125 (Idera) and AST-008 (Exicure) further validate TLR9 agonism in cancer.

ALX ONCOLOGY

TALLAC TRAAC PLATFORM: SYSTEMIC, TARGETED IMMUNE ACTIVATION
ANTIBODY DIRECTS TLR9 AGONIST (T-CPG) TO SPECIFIC IMMUNE CELLS

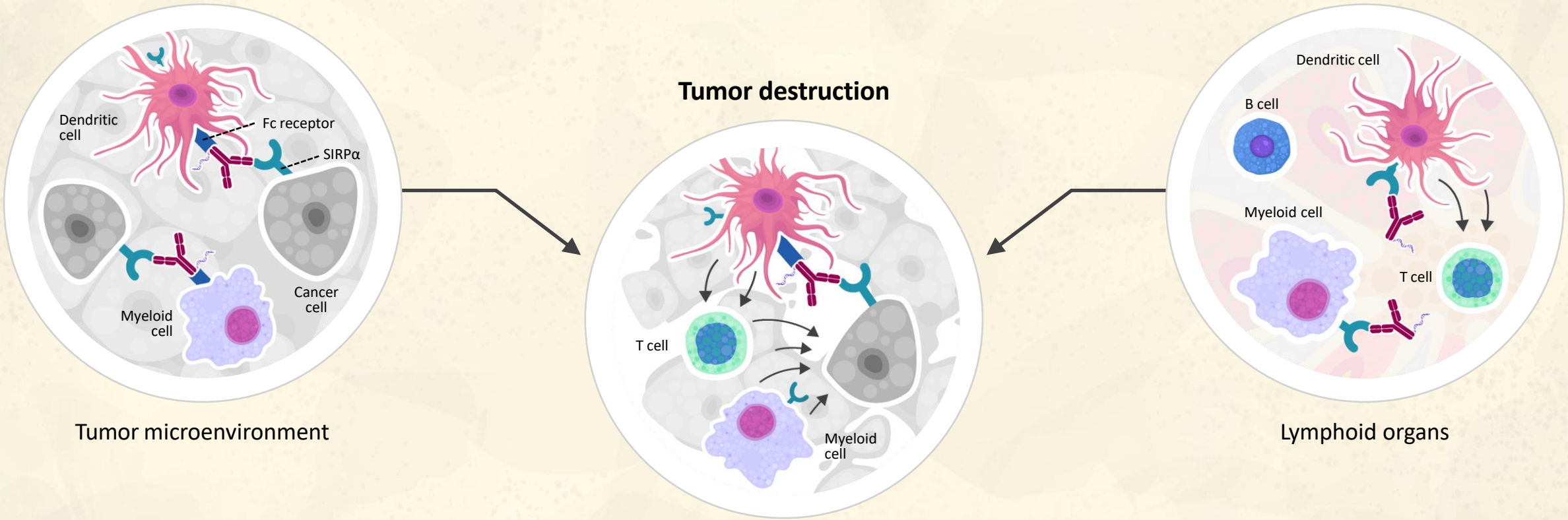
TLR9 Agonist Antibody Conjugate (TRAAC):
Systemic dosing with cell specific TLR9 activation



Targeted-CpG (T-CpG) designed specifically for compatibility with antibody conjugation, superior PK, receptor-mediated uptake and TLR9 stimulation

ALX ONCOLOGY

SIRPα IS EXPRESSED ON MYELOID AND DENDRITIC CELLS AS WELL AS SELECTED TUMOR TYPES



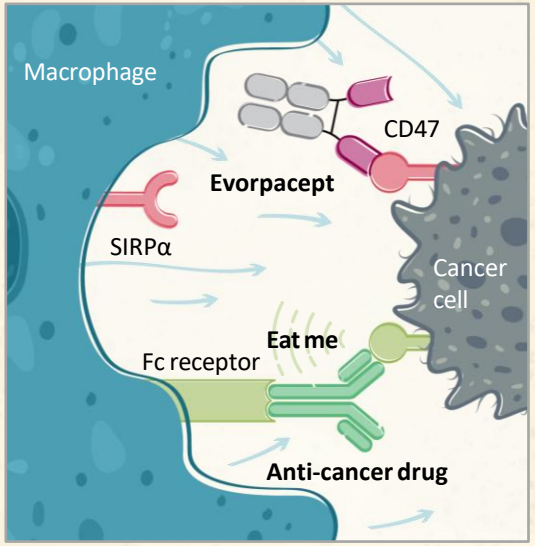
- SIRPα TRAAC binding to myeloid cells targets TLR9 activation in myeloid cells that matter (e.g. dendritic cells).
- SIRPα expression on tumor cells enables tumor microenvironment localization of SIRPα TRAAC.
- SIRPα TRAAC blocks CD47-SIRPα myeloid checkpoint pathway.

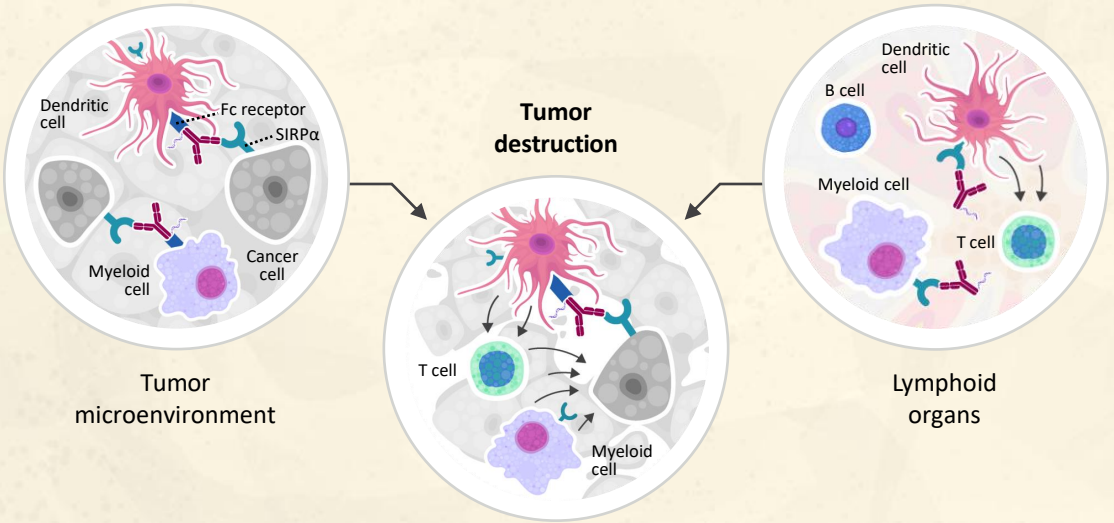
ALX ONCOLOGY

SIRPα TRAAC PROGRAM IS COMPLEMENTARY TO EVORPACEPT

Evorpacept is an antagonistic molecule designed to maximize the activity of a wide array of anti-cancer agents by blockade of the CD47 myeloid checkpoint.

Removal of the CD47 inhibitory signal requires constant, full blockade of the pathway.





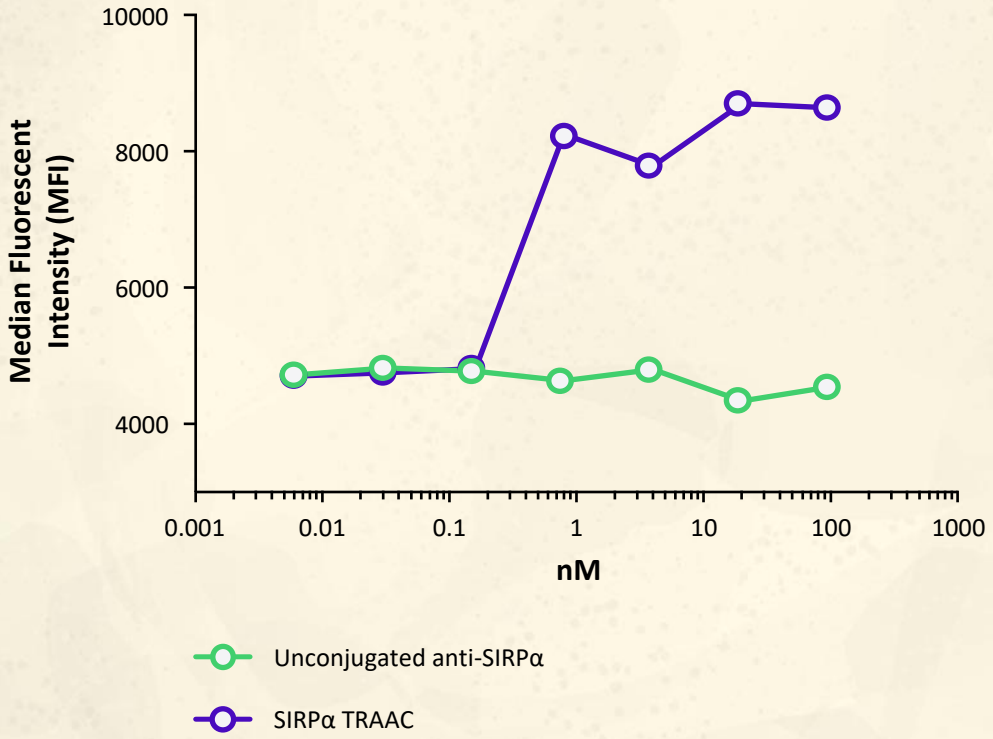
SIRPα TRAAC is an agonistic molecule that directly activates dendritic cells and initiates a coordinated innate and adaptive immune response against cancer.

In the case of agonistic molecules (TLR9 agonist), constant blockade is not required.

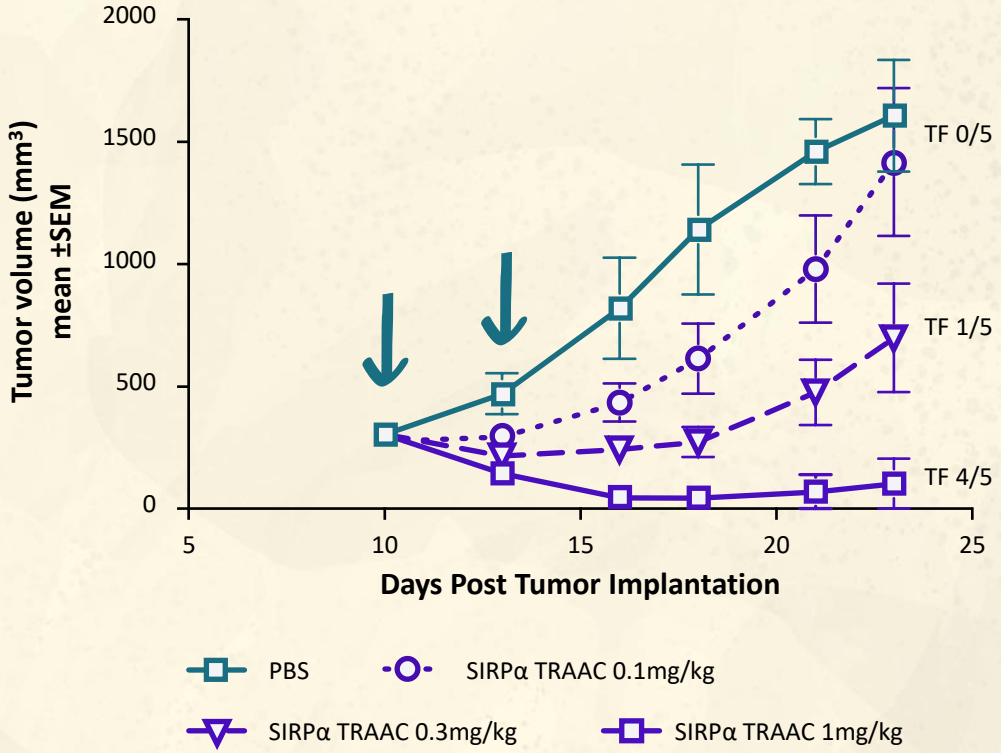
ALX ONCOLOGY

SIRPα TRAAC INDUCES POTENT AND SELECTIVE IMMUNE ACTIVATION AND LEADS TO POTENT SINGLE AGENT ACTIVITY IN TUMOR MODELS

Human dendritic cells
Activation Marker CD86



Mouse syngeneic model
CT26



Harrabi et al., SITC, 2020

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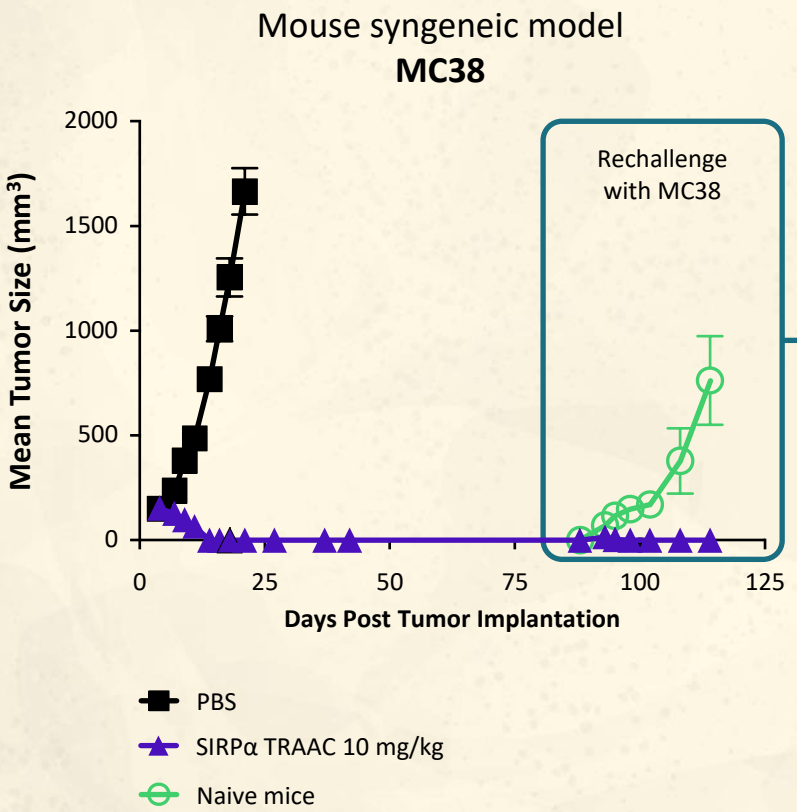
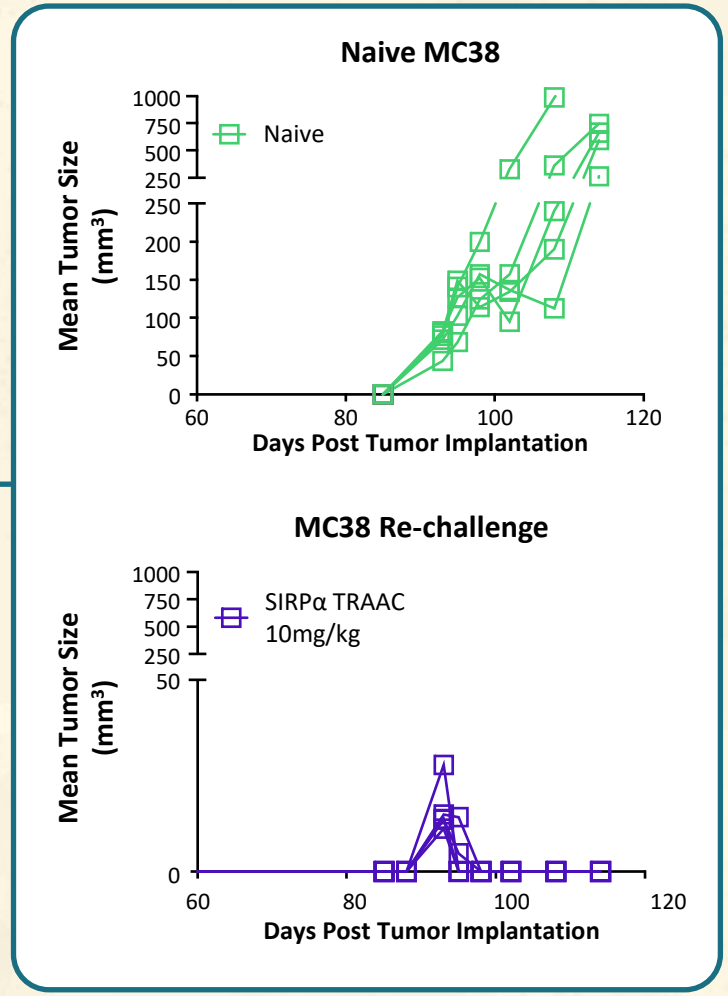
SYSTEMIC ADMINISTRATION OF SIRPα TRAAC GENERATES DURABLE ANTI-TUMOR RESPONSE AND IMMUNOLOGICAL MEMORY



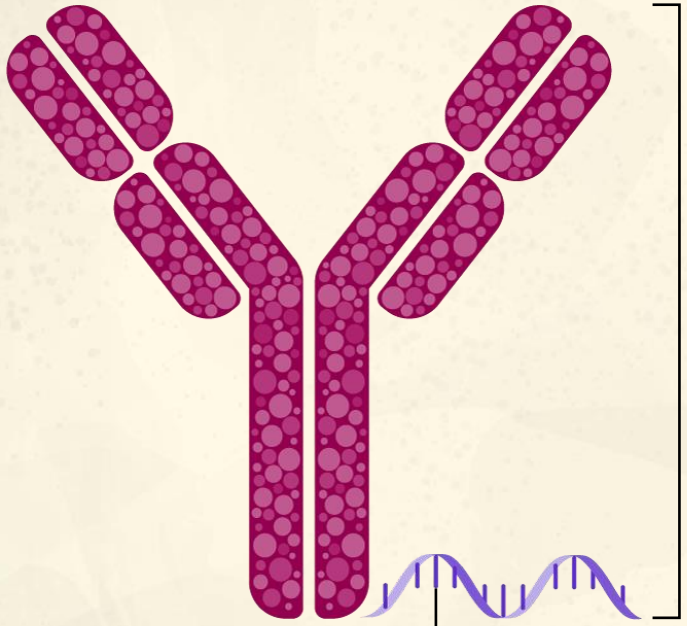


- Established MC38 tumors were eradicated following 10 mg/kg 2q3d systemic treatment with SIRPα TRAAC.
- These tumor free mice were then re-challenged 60-70 days post tumor clearance.
- SIRPα TRAAC treatment group demonstrated immune protection from the tumor re-challenge.
- Naïve age-matched mice were used as control for tumor growth.

Harrabi et al., SITC, 2020

ALX ONCOLOGY

ALTA-002: TARGETING IMMUNE ACTIVATION TO WHERE IT MATTERS



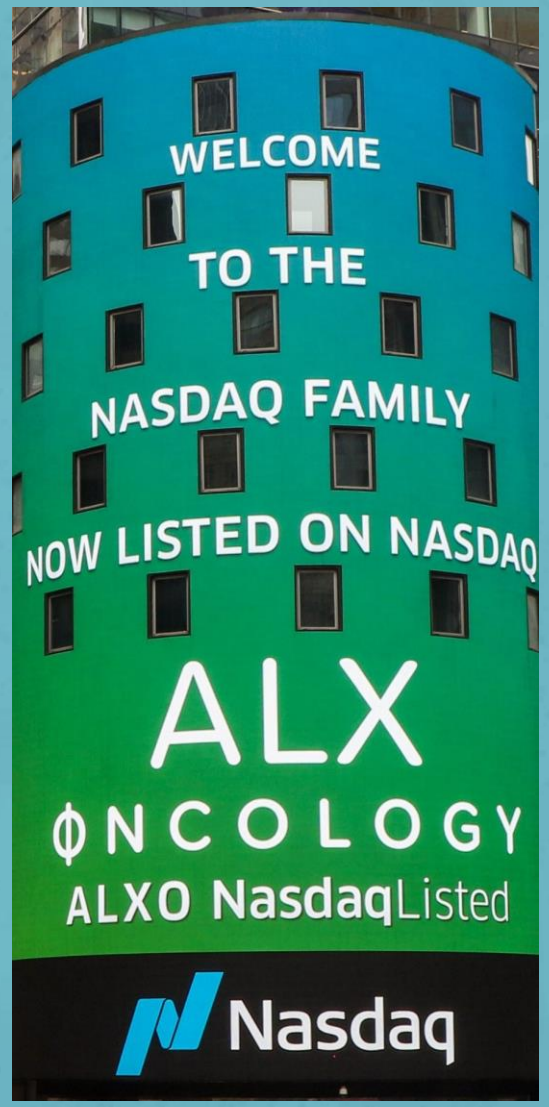
- SIRPα TRAAC binding to myeloid cells targets TLR9 activation in key myeloid cells (e.g. dendritic cells).
- SIRPα expression on tumor cells enables localization of SIRPα TRAAC to tumor microenvironment.
- SIRPα TRAAC blocks CD47-SIRPα myeloid checkpoint pathway.
- Antibody-like PK profile allows for convenient dosing.
- Antibody conjugate produced through established manufacturing processes.

IND expected beginning of 2023

ALX ONCOLOGY

FINANCIAL INFORMATION

- Consummated IPO on July 21, 2020
- Closed follow-on offering on December 14, 2020
  - Gross proceeds of $208.0 million
  - 2.737 million shares at $76 per share
- Cash and cash equivalents as of September 30, 2021:
  - $385.1 million
- Expected cash runway through 2024



ALX ONCOLOGY

STRONG INTELLECTUAL PROPERTY

Robust patent position

- COM patent expiry: 2036 (w/o PTE)
- U.S. patent 10,259,859 granted
- Exclusive, worldwide rights to high affinity SIRPα licensed from Stanford
- Key IP generated in-house
- Non-exclusive, worldwide rights to a broad background CD47 patent portfolio from Stanford

ALX ONCOLOGY

WHY INVEST IN ALX ONCOLOGY: LEADER IN CD47 THERAPY

- CD47 is a novel immune checkpoint pathway with clinical proof-of-concept
- Clinical proof-of-principle in hematologic and solid tumors
- Evorpacept is a CD47 blocker with potential for greater efficacy and tolerability due to unique mechanism of action
- Growing pipeline in myeloid biology

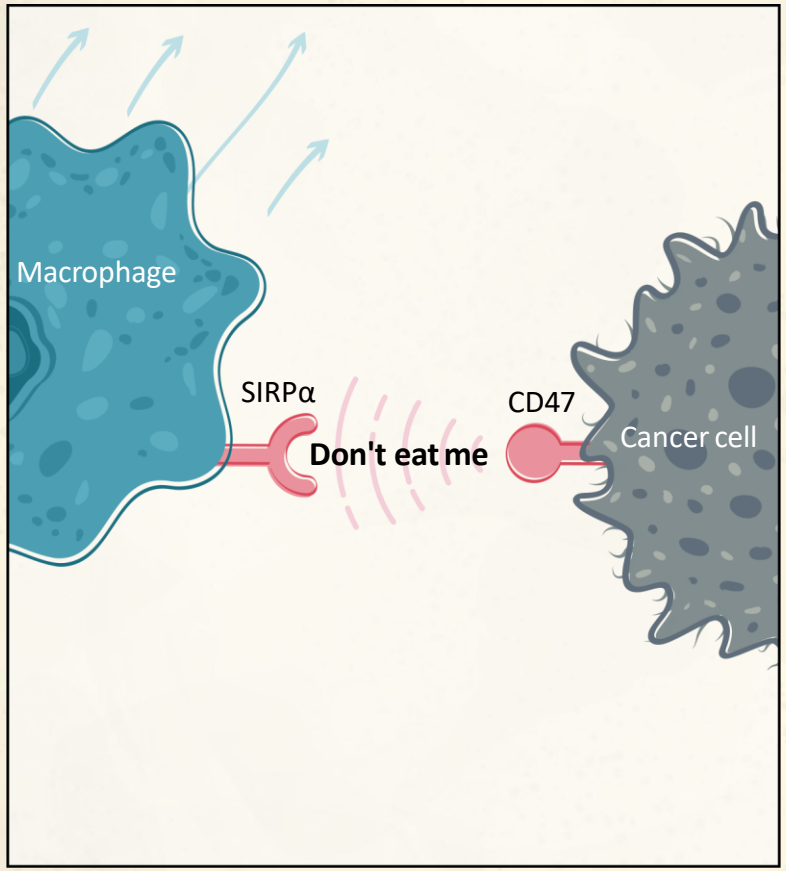
ALX ONCOLOGY

BACKUP SLIDES

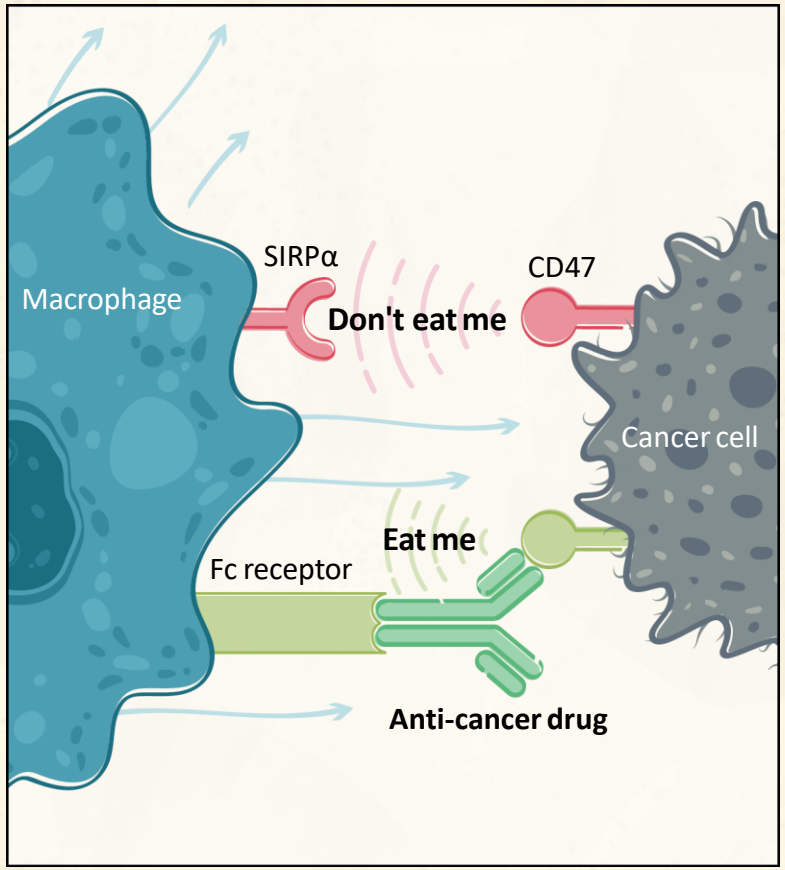
ALX ONCOLOGY

CD47 MECHANISM OF ACTION AS MYELOID CHECKPOINT

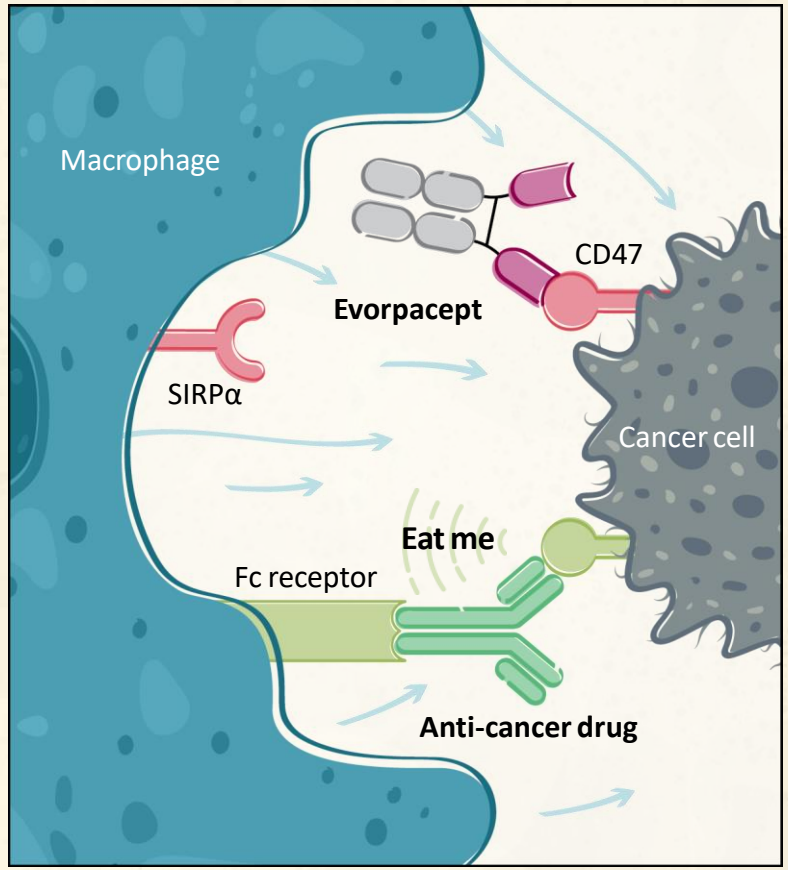
Basal state:



Anti-cancer drug alone:



Evorpacept combined with anti-cancer drug:



Evorpacept: designed to work with partner anti-cancer drugs to maximize phagocytosis of cancer cells

ALX ONCOLOGY

NHL TOLERABILITY

Selected hematologic, treatment related adverse events	evorpacept + Rituxan (N=33)[1]		CC-90002 + Rituxan (n=26)[2]		5F9 (magrolimab) + Rituxan (n=115)[3]	
	Total % (n)	≥Grade 3	Total % (n)	≥Grade 3	Total %	≥Grade 3
Neutropenia	**6% (2)**	**6% (2)**	**50% (13)**	**39% (10)**	**~13%**	**~7%**
Thrombocytopenia/ Decreased Platelets	**-**	**-**	**35% (9)**	**23% (6)**	**~20%**	**~13%**
Anemia	**6% (2)**	**3% (1)**	**12% (3)**	**4% (1)**	**~30%**	**~15%**

[1]ASH 2020 Abstract 3016
[2]ASH 2019 Abstract 4089
[3]EHA 2019 Abstract S867

Evorpacept: Tolerability profile compares favorably to other CD47 blockers

ALX ONCOLOGY

MAGROLIMAB NHL RESPONSE RATES AND DOSING

DLBCL w/ Rituxan	Ph1	Ph2
N	21	38
Dosing (mg/kg)	up to 30 **Weekly**	30 and 45 **Every Other Week**
ORR	48%	29%
CR	33%	5%
PR	14%	24%

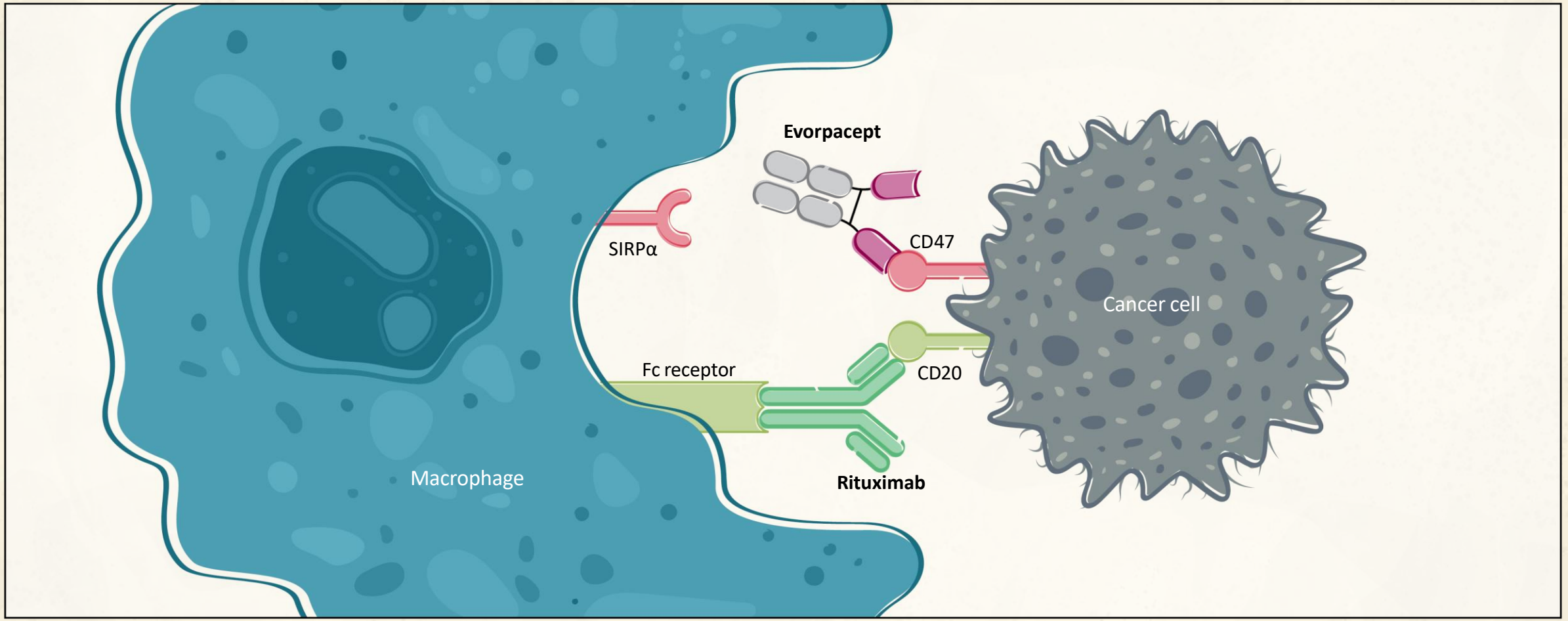
Reduced dosing led to reduced overall response rate in NHL

ORR = overall response rate.
CR = complete response rate.
PR = partial response rate.

EHA 2019 Abstract S867

ALX ONCOLOGY

NHL TRIAL: EVORPACEPT + RITUXIMAB MECHANISM OF ACTION



Evorpacept increases antibody dependent cellular phagocytosis in combination with Rituximab

ALX ONCOLOGY

NHL PROOF-OF-PRINCIPLE TRIAL

Phase 1b NHL cohorts

relapsed/Refractory NHL,
prior regimen with Rituximab

Treatment:

evorpacept 10 or 15 mg/kg
once a week (QW)
+
Rituximab 375 mg/m^2 once a week for
4 weeks, once monthly
for 8 months

		evorpacept 10 mg/kg QW + Rituximab (n=22)	evorpacept 15 mg/kg QW + Rituximab (n=11)
Primary Disease, n	Follicular	**5**	**3**
	Marginal Zone (MZL)	**2**	**1**
	Mantle Cell (MCL)	**4**	**1**
	DLBCL	**11**	**6**
Median Age, Years (range)		**66 (32-80)**	**64 (53-78)**
Sex, n	M	**17**	**6**
	F	**5**	**5**
Race, n	Asian	**18**	**9**
	White	**4**	**2**
ECOG, PS, n	0	**7**	**2**
	1	**15**	**9**
Median Prior Therapy, n (range)		**3 (1-7)**	**3 (1 -5)**

Data Cutoff October 1, 2020

ALX ONCOLOGY

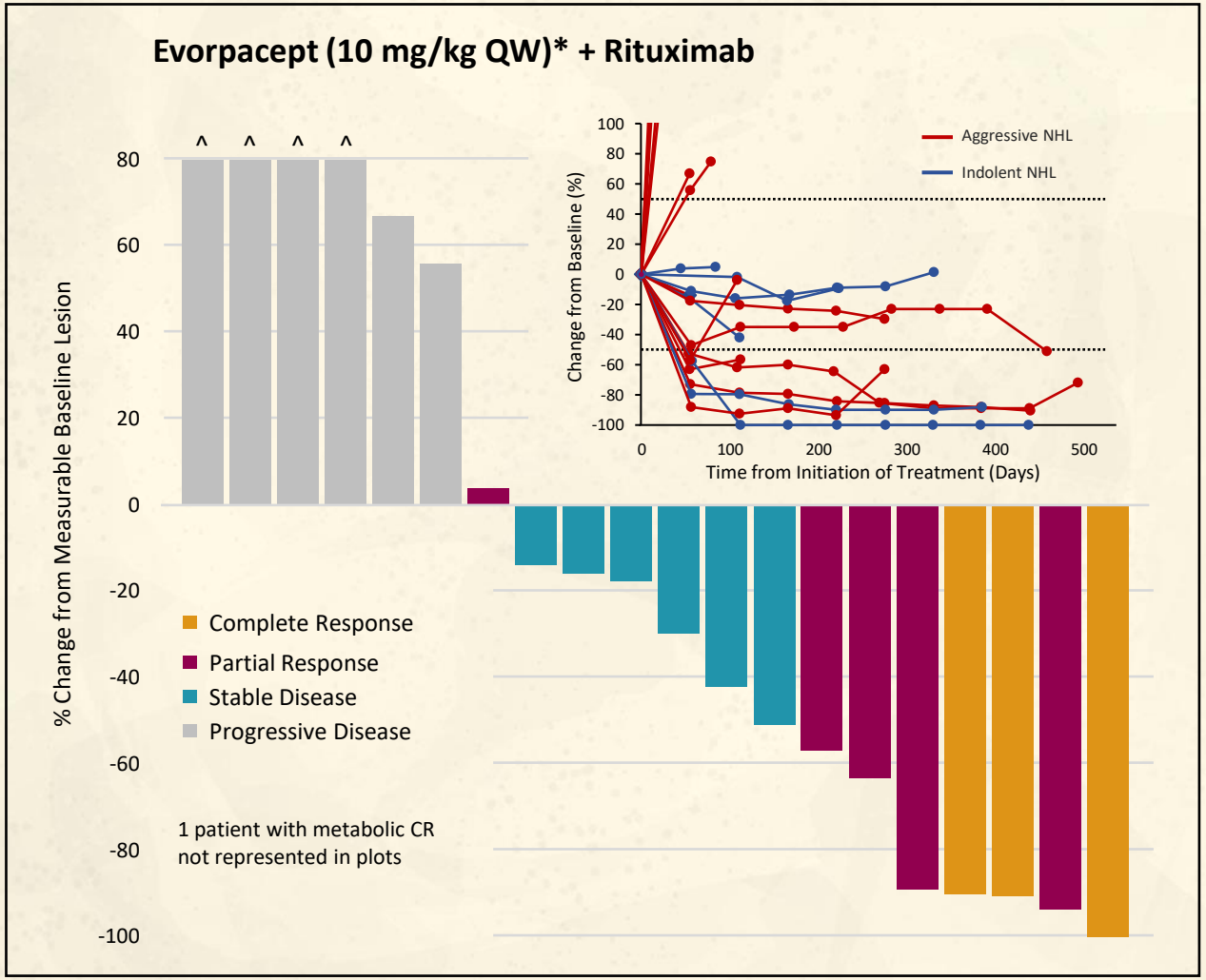
NHL: PRELIMINARY CLINICAL TOLERABILITY

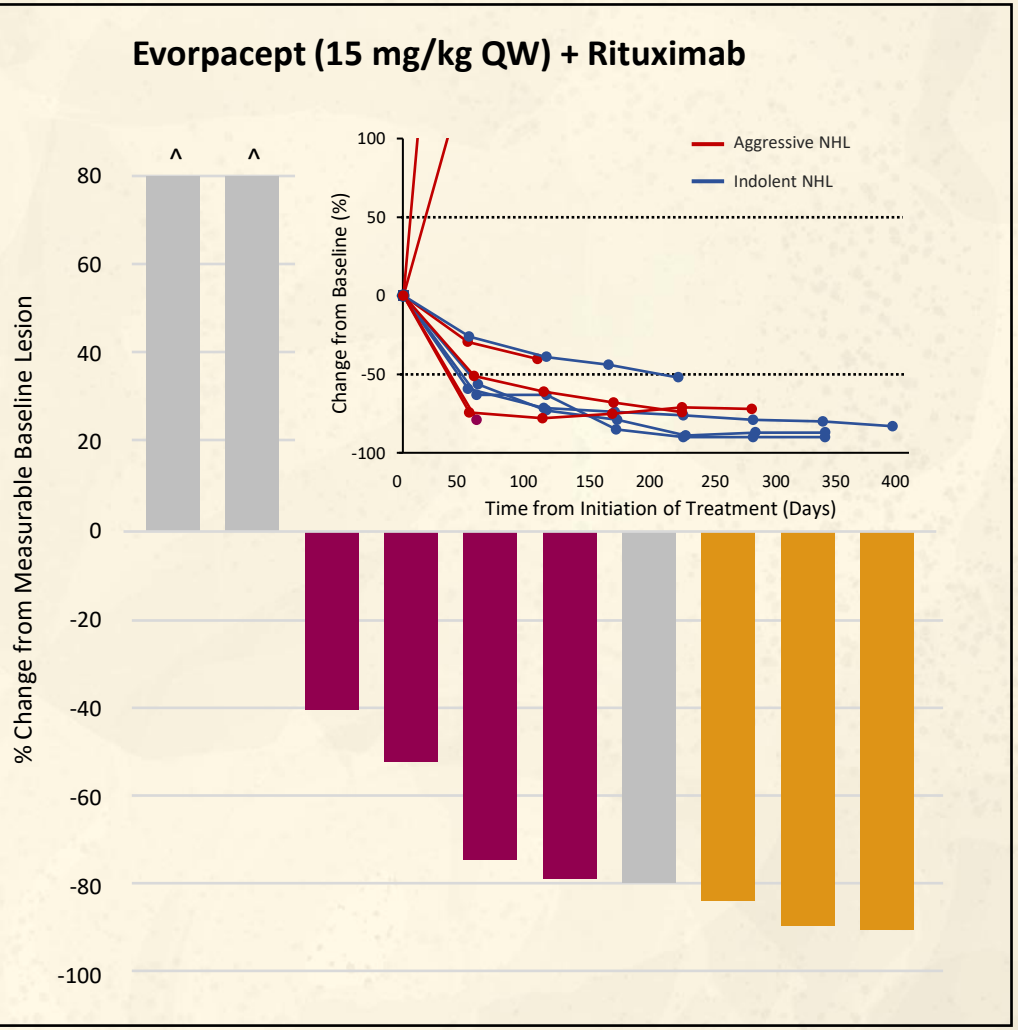
evorpacept + Rituximab (N=33)

Treatment Related Adverse Event	Total n (%)	≥Grade 3 n (%)
Rash	**8 (24.2)**	—
Fatigue	**4 (12.1)**	—
Nausea	**2 (6.1)**	—
Neutrophil Count Decreased	**2 (6.1)**	**2 (6.1)**
Anemia	**2 (6.1)**	**1 (3.0)**
Myalgia	**2 (6.1)**	—
Pruritus	**2 (6.1)**	—

Data Cutoff: October 1, 2020

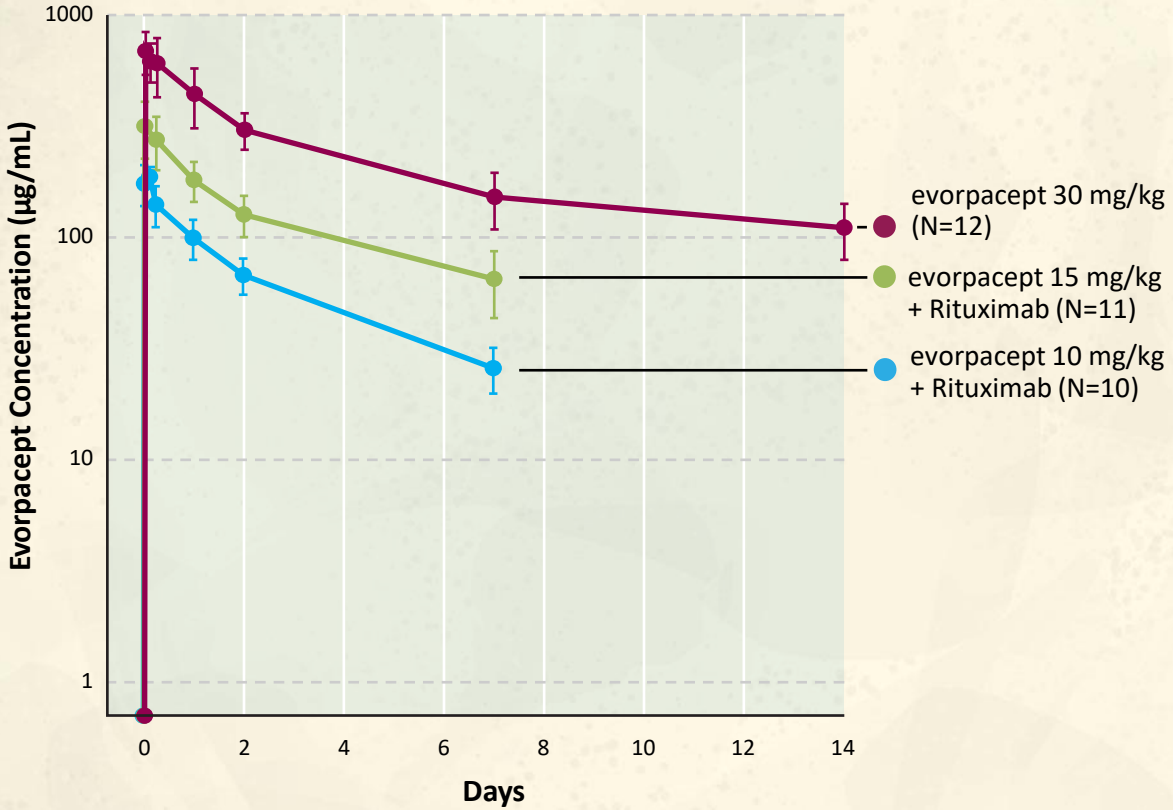
NHL: CLINICAL ACTIVITY OF EVORPACEPT + RITUXIMAB BY PATIENT



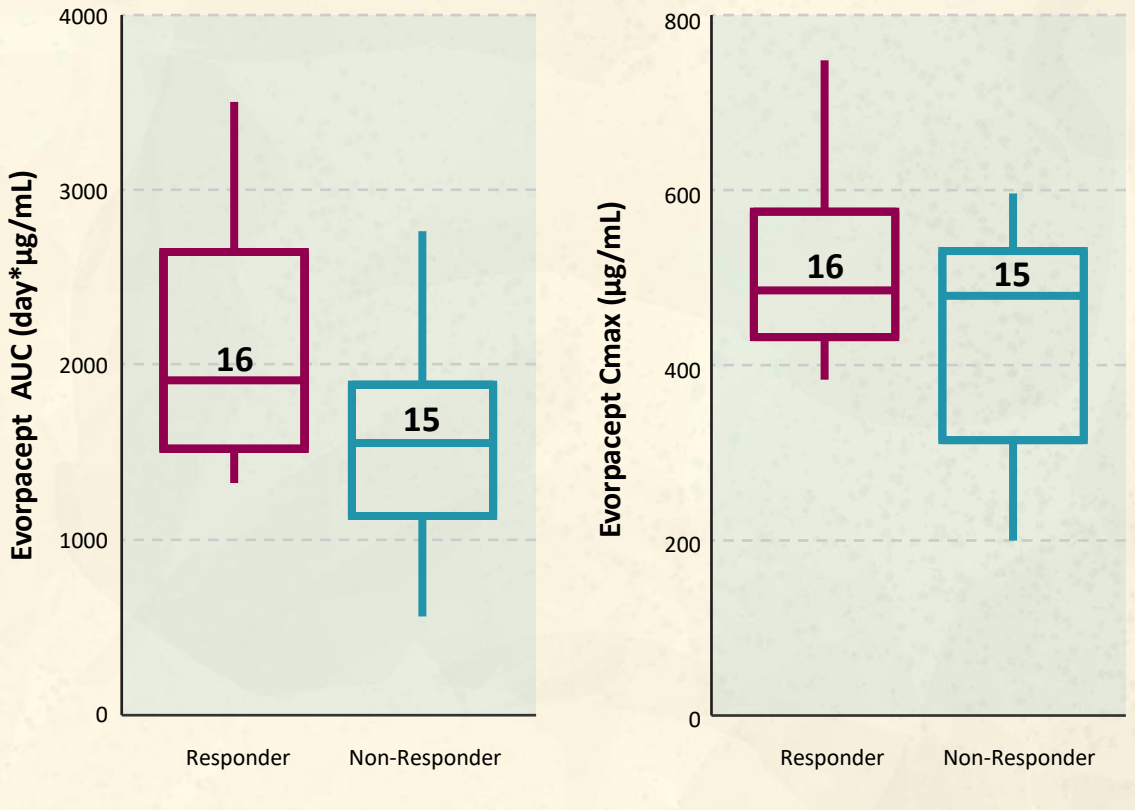


Data Cutoff October 1, 2020; Response evaluable patients; Responses include metabolic response per Lugano Response Criteria.
^ more than 80% increase from baseline. * 1 patient with rapid fatal progressive disease not represented in plot

NHL: EVORPACEPT CLINICAL PHARMACOKINETICS AND EXPOSURE-RESPONSE ANALYSIS



Evorpacept concentration-time profiles following first IV infusion at Cycle 1 Day 1 as single agent or in combination with Rituximab.



*A significant improvement in patients with clinical response (PR,CR) with increased evorpacept exposure (AUC; p = 0.023) was observed across the exposure range evaluated (10 mg/kg QW - 15 mg/kg QW).

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Data Cutoff October 1, 2020

NON-HODGKIN LYMPHOMA PROOF-OF-PRINCIPLE SUMMARY

Other agents in CD47 class reduced dosing leading to reduced responses

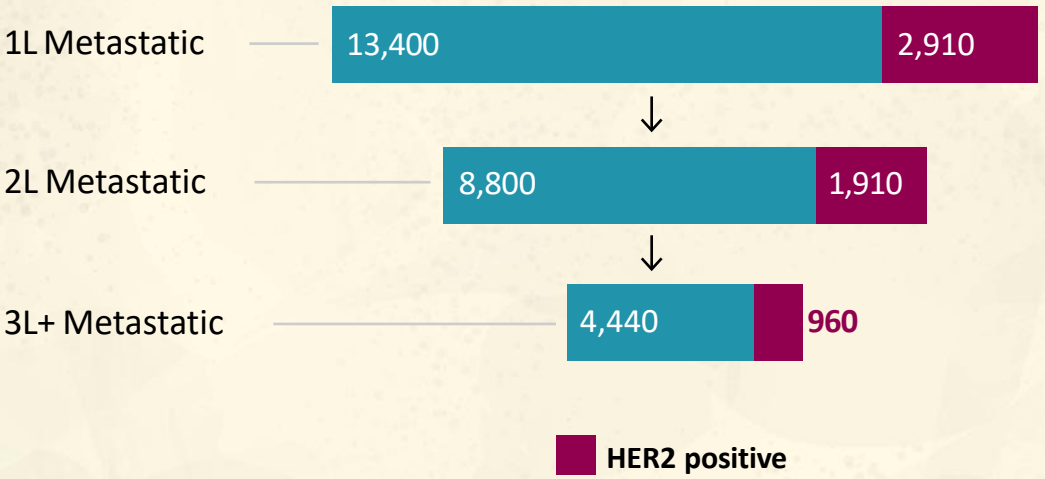
Higher dosing enabled by evorpacept tolerability profile

Higher dosing of evorpacept led to higher responses

HER2 POSITIVE GC UNMET NEED

evorpacept in GASTRIC

2020 US patient population by line of systemic therapy[1]



- Herceptin is an anti-HER2 antibody that has multiple FDA approvals in patients with HER2 positive cancers
- Clinical trials show that re-treatment with Herceptin has no activity in 2L HER2 positive gastric cancer[3]

5-year OS in metastatic gastric cancer is only 6%[2]

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[1]DRG Gastroesophageal Cancer published December 2019, HER2+ rate of ~17%.
[2] SEER 18
[3]Makiyama J. Clin Oncology 2020

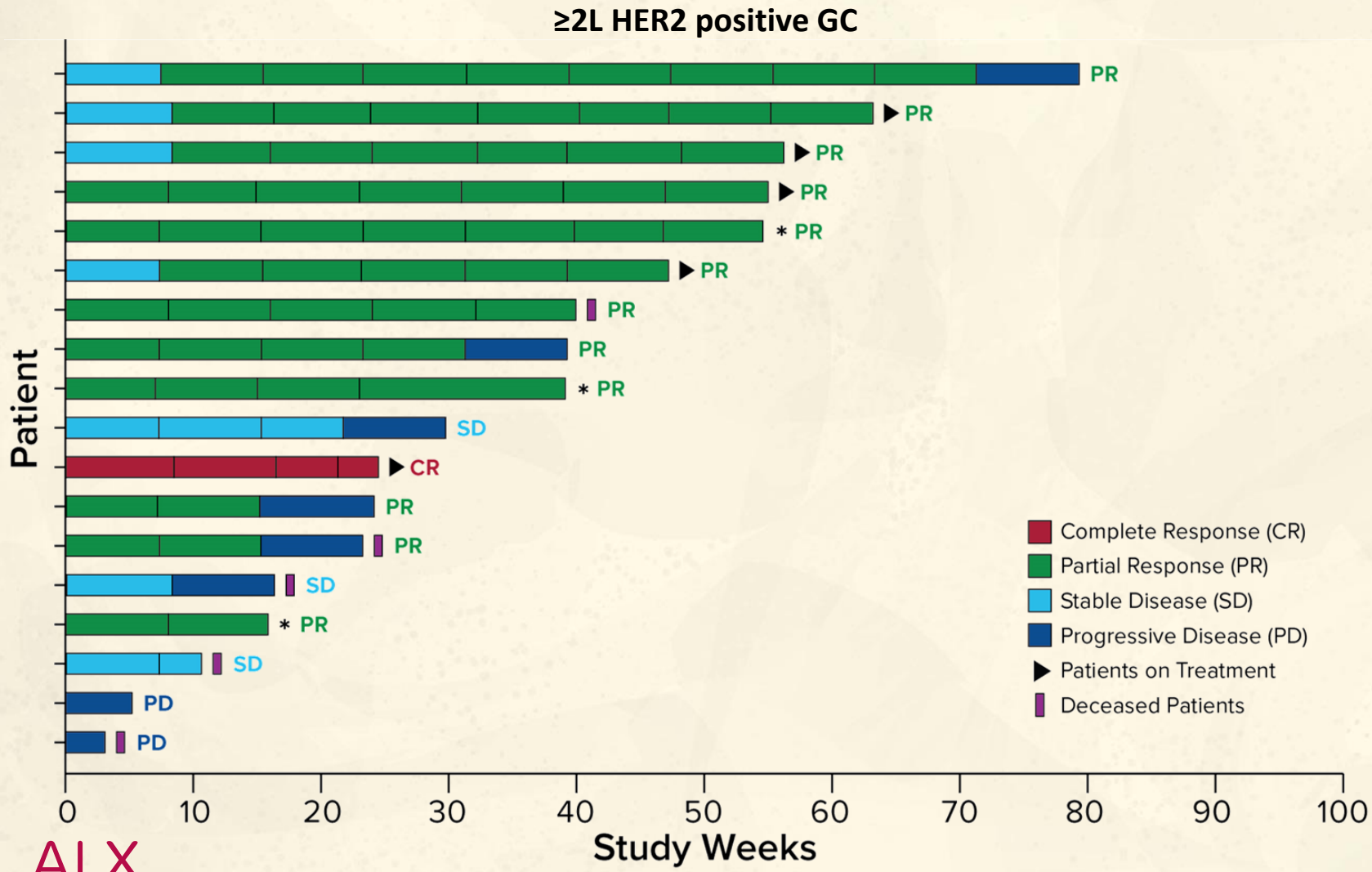
PHASE 1B ≥2 LINE GC TRIAL: EVORPACEPT + HERCEPTIN + CYRAMZA + PACLITAXEL TREATMENT EMERGENT ADVERSE EVENTS

	Evorpacept + Trastuzumab + Ramucirumab + Paclitaxel (N=18) / Adverse Event, n (%)					
Grade	ALL Causality			Evorpacept - related		
Evorpacept Dose QW	G1-2	G3	G4	G1-2	G3	G4
Neutrophil Count Decreased	3 (17)	5 (28)	3 (17)	–	–	–
Epistaxis	9 (50)	–	–	–	–	–
Peripheral Neuropathy / Peripheral Sensory Neuropathy	8 (44)	1 (6)	–	–	–	–
Decreased Appetite	8 (44)	–	–	–	–	–
Fatigue	7 (39)	1 (6)	–	2 (11)	–	–
Anemia	3 (17)	4 (22)	–	1 (6)	–	–
Hypertension	–	6 (33)		–	–	–
Abdominal Pain / Abdominal Pain Upper	5 (28)	–	–	1 (6)	–	–
Headache	5 (28)	–	–	1 (6)	–	–
Stomatitis	5 (28)	–	–	1 (6)	–	–
Alanine Aminotransferase Increased	4 (22)	–	–	–	–	–
Alopecia	4 (22)	–	–	–	–	–
Aspartate Aminotransferase Increased	3 (17)	1 (6)	–	–	–	–
Asthenia	3 (17)	1 (6)	–	–	–	–
Diarrhea	4 (22)	–	–	3 (17)	–	–
Insomnia	4 (22)	–	–	–	–	–
Rash/Dermatitis Acneiform	4 (22)	–	–	4 (22)	–	–
Pruritis	3 (17)	–	–	2 (11)	–	–
Urticaria	3 (17)	–	–	3 (17)	–	–
Back Pain	2 (11)	–	–	1(6)	–	–
Diverticulitis	1 (6)	1 (6)	–	–	–	–
Dysphagia	1 (6)	1 (6)	–	–	–	–
Hypophosphatemia	1 (6)	1 (6)	–	–	–	–
Platelet Count Decreased	1 (6)	1 (6)	–	–	–	–
Hydronephrosis	–	1 (6)	–	–	–	–
Lymphocyte Count Decreased	–	1 (6)	–	–	1 (6)	–
Non-Cardiac Chest Pain	–	1 (6)	–	–	–	–
Urinary Tract Infection	–	1 (6)	–	–	–	–
Vision Blurred	1 (6)	–	–	1 (6)	–	–

ALX ONCOLOGY

Data Cutoff September 1, 2021
Evorpacept: 10 mg/kg (n=3) & 15 mg/kg (n=15); All TEAEs occurring in ≥4 patients. For cases of TEAEs Grade ≥3 and any TRAE, all AEs are listed irrespective of patient numbers.

PHASE 1B ≥2 LINE GC TRIAL:
EVORPACEPT + HERCEPTIN + CYRAMZA + PACLITAXEL
BEST OVERALL AND DURATION OF RESPONSE WHILE ON TREATMENT



Data Cutoff September 1, 2021; Discontinuation due to symptoms of disease progression (n=1), unrelated AE (n=1), patient's decision (n=1).

CLINICAL ACTIVITY OF EVORPACEPT COMBINATIONS IN RESPONSE EVALUABLE PATIENTS WITH ≥2L HER2 POSITIVE GC CANCER

HER2 GC Population	N	ORR	DOR (m) [95% CI]	PFS (m) [95% CI]	OS (m) [95% CI]	OS rate at 12 m	Follow up (m) [95% CI]
2L GC evorpacept + Herceptin + Cyramza + paclitaxel	18	72%	14.8 [3.9–NR]	17.1 [5.4-NR]	17.1 [9.8-NR]	79%	14.5 [7.2-19.0]
≥2L Gastric ramucirumab/paclitaxel RAINBOW[1]	330	28%	4.4 [IQR 2.8–7.5]	4.4 [4.2-5.3]	9.6 [8.5-10.8]	40%	
≥2L Gastric trastuzumab/ram/paclitaxel[2]	50	52%	5.1 [3.3-6.9]	7.4 [6.5-8.3]	13.6 [9.6-17.5]	-	22.9
2L Gastric trastuzumab-deruxtecan DESTINY 02[3]	79	38%	8.1 [4.1-NE]	5.5 [4.2-7.3]	-	-	5.7
≥3L Gastric trastuzumab-deruxtecan DESTINY 01[4]	126	41%	11.3 [5.6-NE]	5.6 [4.3-6.9]	12.5 [9.6-14.3]	52%	
≥2L Gastric evorpacept (10 mg/kg) + Herceptin	19	21%	8.7 [5.6; NR]	2.2 [1.9 ; 5.5]	8.1 [3.4 ; 12.6]	38%	27.0
≥3L Gastric Irinotecan or Paclitaxel DESTINY 01 Control Arm[4]	62	11%	3.9	3.5	8.4	29%	

ALX ONCOLOGY

[1]Wilke et al, Lancet October 2014, [2]Rha et al #4063 ASCO 2021, [3]Van Cutsem et al ESMO 2021, [4]Enhertu product insert, and Shitara et al, NEJM June 18, 2020; NE could not be estimated; NR not reached

PHASE 1B FIRST LINE HNSCC: EVORPACEPT + KEYTRUDA + 5FU/PLATINUM TREATMENT RELATED ADVERSE EVENTS

	Evorpacept + Pembrolizumab + 5FU + Platinum (N=13) / Adverse Event, n (%)					
Grade	ALL Causality			Evorpacept - Related		
Evorpacept Dose QW	G1-2	G3	G4	G1-2	G3	G4
Anemia	4 (31)	4 (31)	–	–	1 (8)	–
Nausea	8 (62)	–	–	–	–	–
Stomatitis	7 (54)	1 (8)	–	–	–	–
Neutrophil Count Decreased / Neutropenia	2 (15)	5 (38)	–	1 (8)	–	–
Platelet Count Decreased /Thrombocytopenia	7 (54)	–	–	–	–	–
Fatigue	5 (38)	–	–	1 (8)	–	–
Alanine Aminotransferase Increased	3 (23)	1 (8)	–	–	–	–
Dysphagia	1 (8)	1 (8)	–	–	–	–
Hypersensitivity	1 (8)	–	1 (8)	–	–	1 (8)
Pneumonia	1 (8)	1 (8)	–	–	–	–
Pneumonitis	2 (15)	–	—	1 (8)	–	–
Candida Infection	–	1 (8)	–	–	–	–
Cardiac Tamponade	–	–	1 (8)	–	–	–
Headache	–	1 (8)	–	–	–	–
Pericarditis Constrictive	–	1 (8)	–	–	–	–
Supraventricular Tachycardia	–	1 (8)	–	–	–	–
Tracheal Obstruction	–	1 (8)	–	–	–	–

Data Cutoff September 1, 2021
Evorpacept: 10 mg/kg (n=3) & 15 mg/kg (n=10); All TEAEs occurring in ≥ 4patients. For cases of TEAEs Grade ≥3 and any TRAE, all AEs are listed irrespective of patient numbers.

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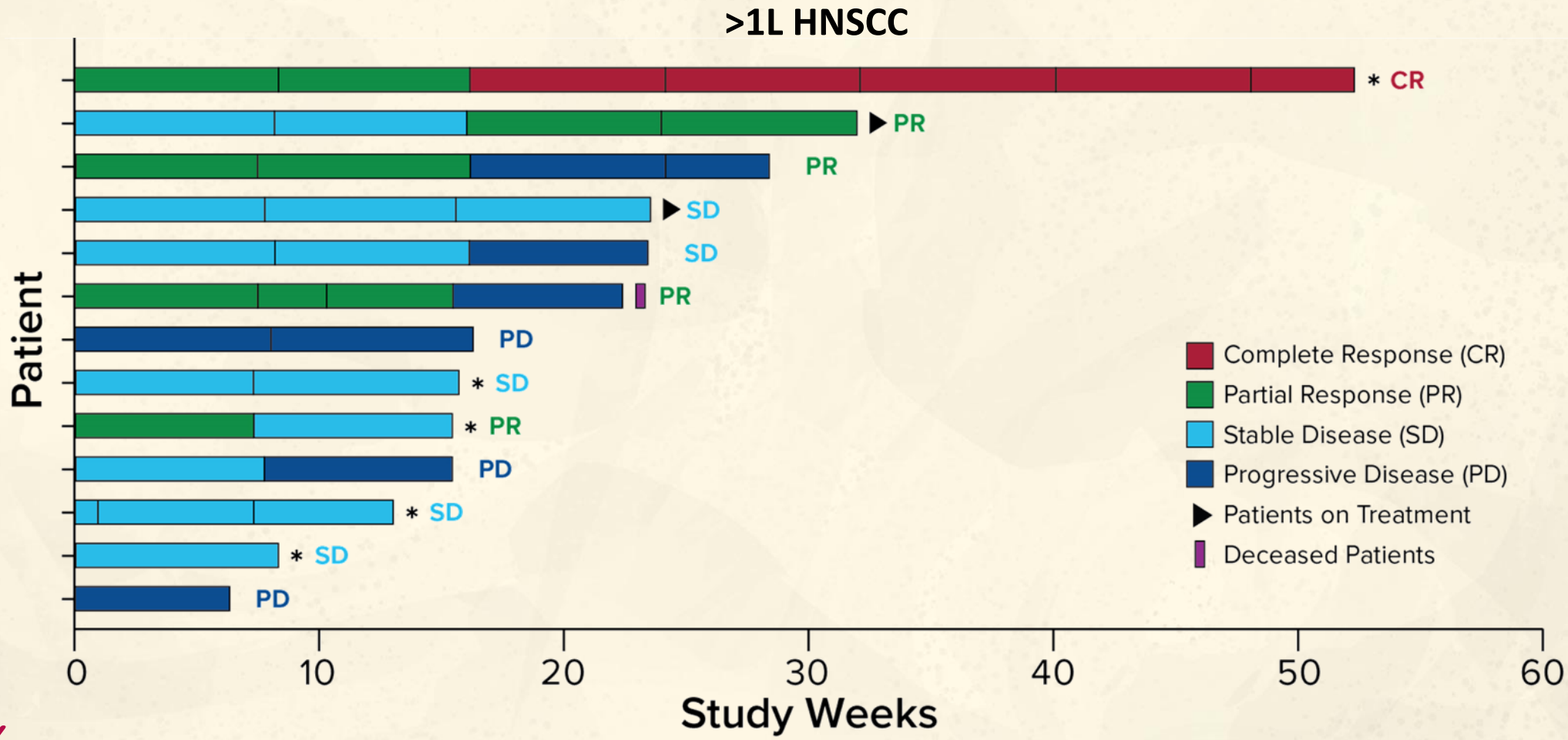
PHASE 1B FIRST LINE HNSCC: EVORPACEPT + KEYTRUDA + 5FU/PLATINUM BEST OVERALL AND DURATION OF RESPONSE WHILE ON TREATMENT



Data Cutoff September 1, 2021; *Discontinuation due to unrelated AE (n=2), patient's decision (n=1), missing data (n=2).

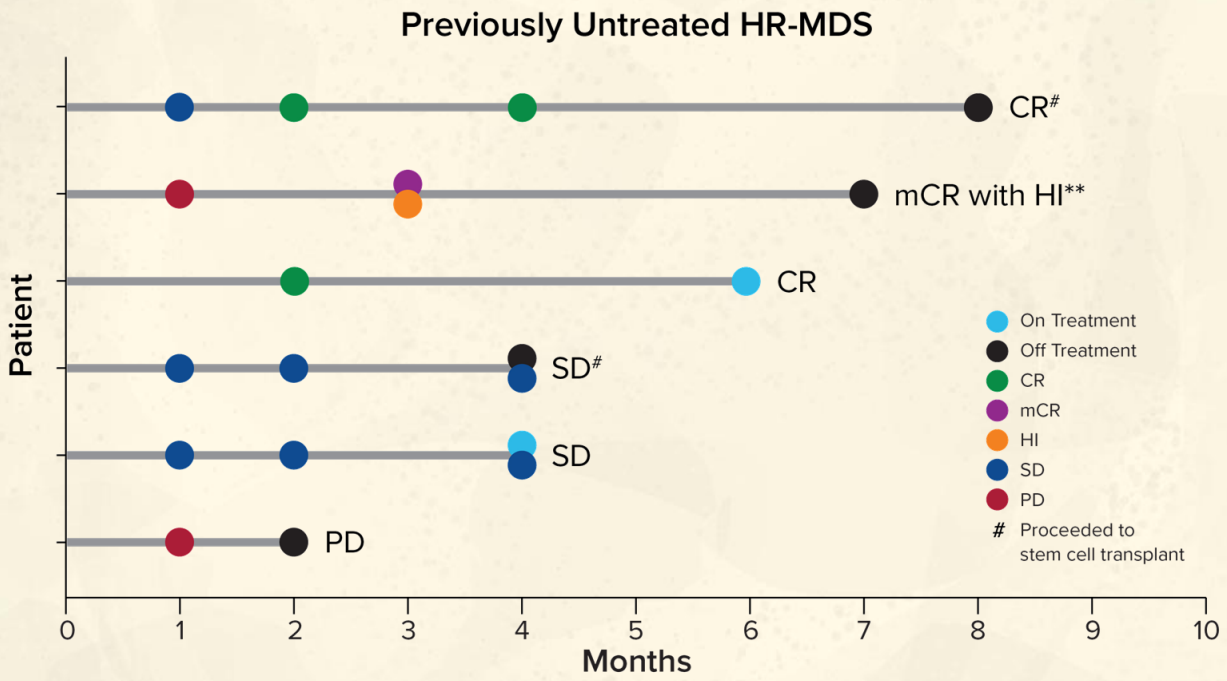
PHASE 1B MDS: EVORPACEPT + AZACITIDINE PREVIOUSLY UNTREATED HR-MDS AND RELAPSED/REFRACTORY MDS ADVERSE EVENTS

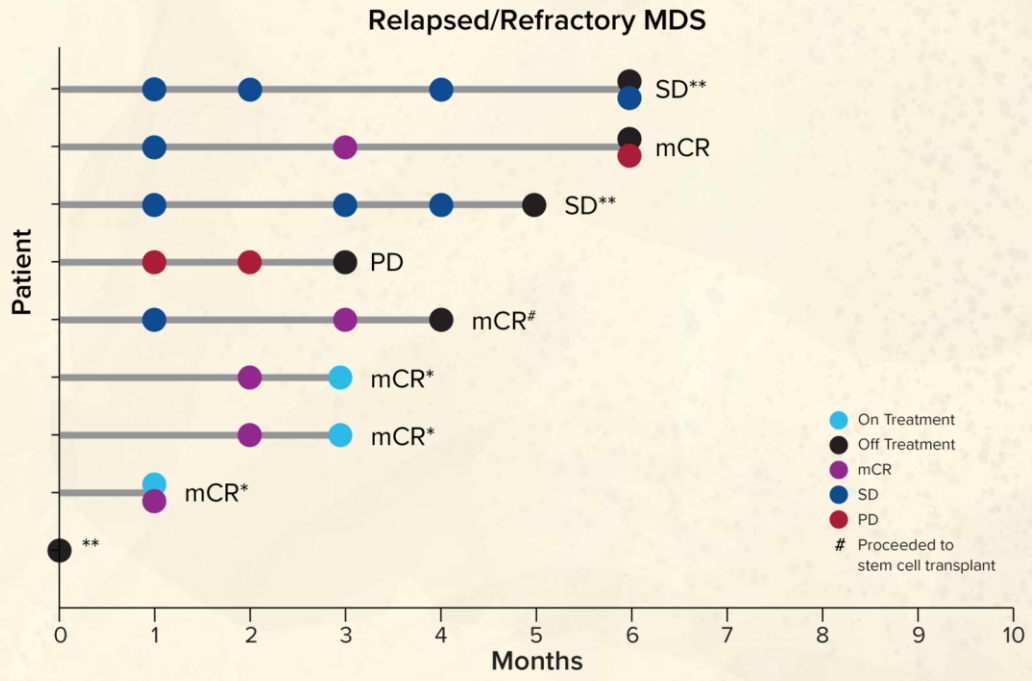
Adverse Event, n	20 mg/kg Q2W (N=3)		30 mg/kg Q2W (N=3)		60 mg/kg Q4W (N=16)		Total (N=22) All Grade n (%)
	Grade 1/2	Grade 3/4	Grade 1/2	Grade 3/4	Grade 1/2	Grade 3/4	
Blood Creatinine Increased	2	–	1	–	2	–	5 (23)
Constipation	1	–	1	–	2	1	5 (23)
Diarrhea	1	–	1	–	3	–	5 (23)
Fatigue	–	–	–	–	4	1	5 (23)
Neutropenia/Neutrophil Count Decreased	–	–	–	1	1	3	5 (23)
Anemia	1	1	1	–	–	1	4 (18)
Dizziness	–	–	1	–	3	–	4 (18)
Dyspnea	1	–	–	–	2	1	4 (18)
Febrile Neutropenia	–	2	–	–	–	2	4 (18)
Infusion Related Reaction	–	–	–	–	4	–	4 (18)
Nausea	–	–	1	–	3	–	4 (18)
Abdominal Pain	1	–	1	–	1	–	3 (14)
Contusion	1	–	1	–	1	–	3 (14)
Platelet Count Decreased	–	2	–	1	–	–	3 (14)
Pneumonia	–	1	–	–	–	2	3 (14)
Transfusion Reaction	2	–	–	–	1	–	3 (14)
Vomiting	1	–	–	–	2	–	3 (14)

ALX ONCOLOGY

Data Cutoff October 25, 2021

PHASE 1B MDS: EVORPACEPT + AZACITIDINE
PREVIOUSLY UNTREATED HR-MDS AND RELAPSED/REFRACTORY MDS
DURATION OF RESPONSE





Data Cutoff 25Oct2021; Response-evaluable population (n=15); *Unconfirmed responses; **Off treatment due to disease progression (n=1), investigator decision (n=2), and G5 unrelated event (n=1).

CD47 BLOCKADE IS CLINICALLY VALIDATED WITH SIGNIFICANT OPPORTUNITY TO IMPROVE ON MAGROLIMAB

Best Overall Response	1L MDS N=33
ORR	30 (91%)
CR	14 (42%)
CRi	NA
PR	1 (3%)
MLFS/marrow CR	8 (24%) 4 with marrow CR + HI
Hematologic improvement (HI)	7 (21%)
SD	3 (9%)
PD	0

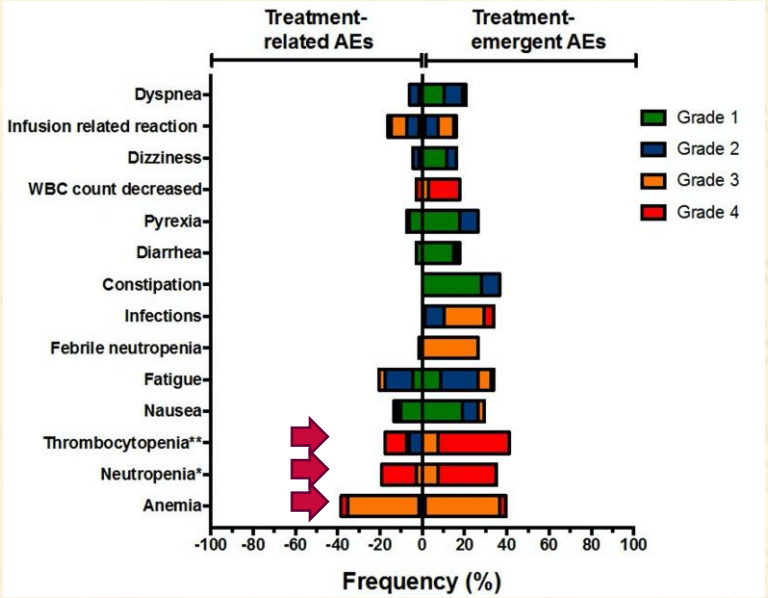
Magrolimab with azacitidine

Sallman, ASCO 2020

Best Overall Response	R/R AML/MDS 5F9 mono N=10
ORR	1 (10%)
CR	0
CRi	0
PR	0
MLFS/ marrow CR	1 (10%)
HI	-
SD	7(70%)
PD	2 (20%)

Magrolimab monotherapy

Sallman, ASCO 2019



All grade TRAEs: **38% Anemia**
19% Neutropenia
18% Thrombocytopenia

Sallman, ASCO 2020

CD47 blocker 5F9 (magrolimab) shows complete responses only when paired with azacitidine, and causes frequent incidence of treatment-related, high-grade cytopenia

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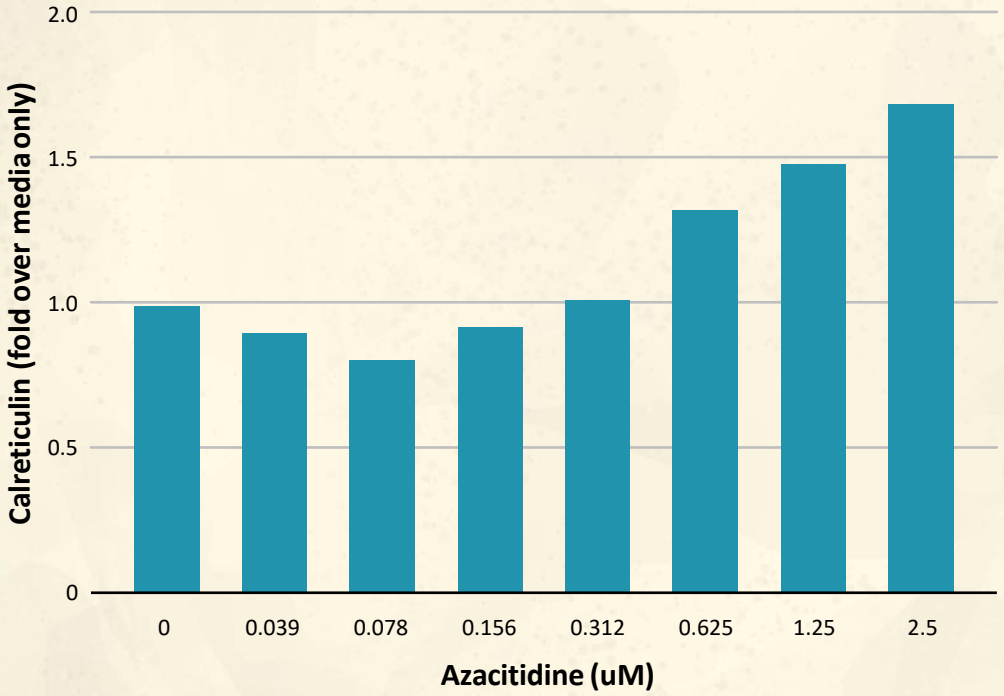
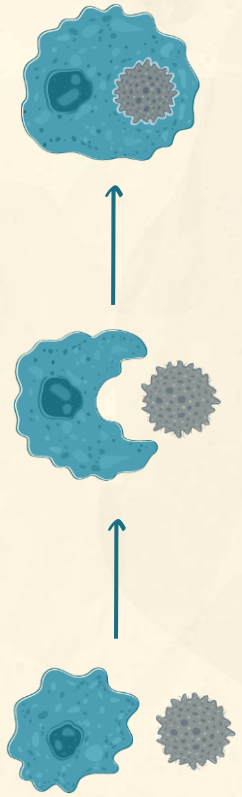
ORR = overall response rate.
CR = complete response rate.
CRi = complete remission with incomplete hematological recovery

MLFS = morphologic leukemia free state
SD = stable disease
PD = progressive disease

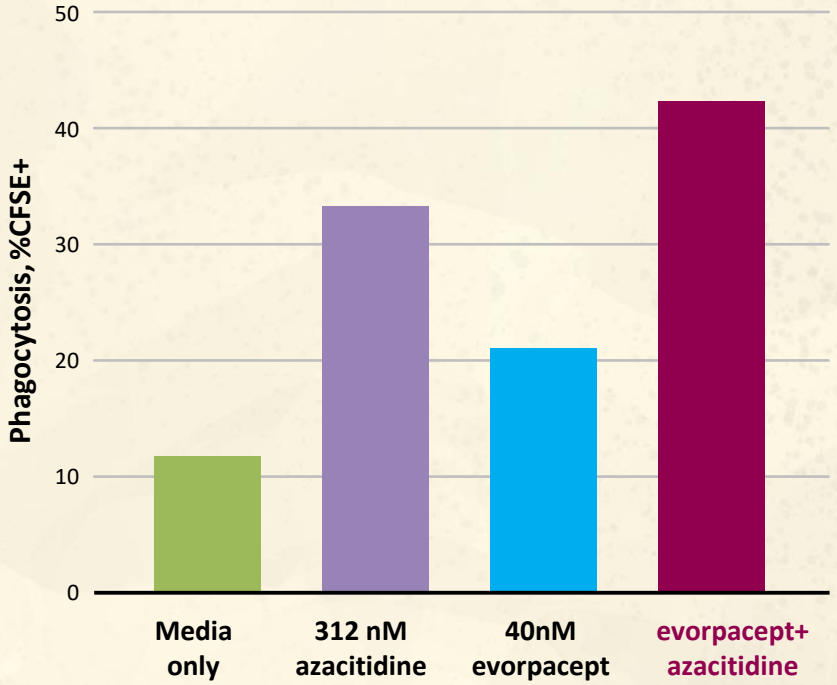
PRECLINICAL: EVORPACEPT INCREASES PHAGOCYTOSIS OF BACKBONE MDS DRUG, AZACITIDINE

Calreticulin levels on HL60 Cells





Phagocytosis of HL60 Cells



Azacitidine induces calreticulin display.
Evorpacept increases phagocytosis in combination with azacitidine.

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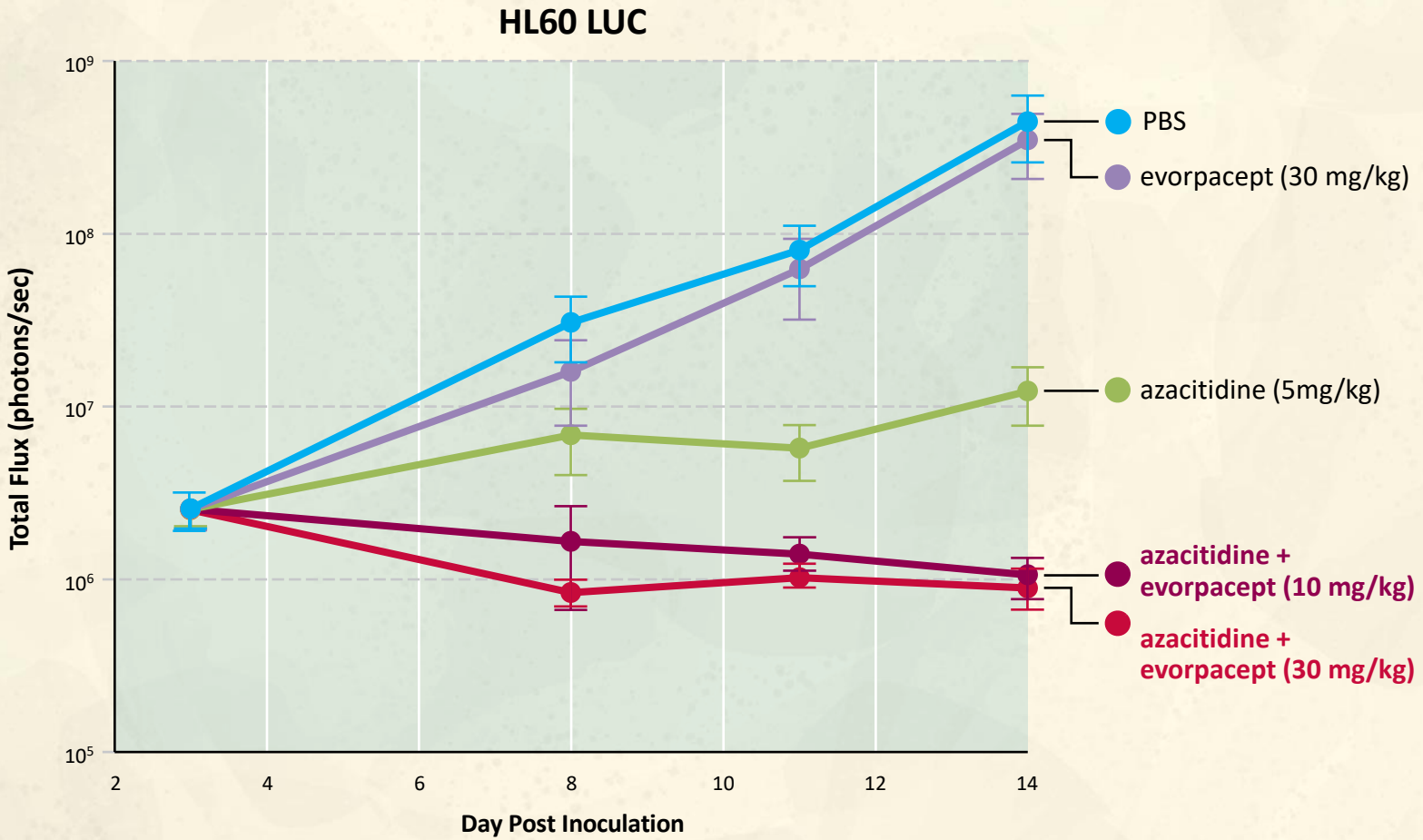
EVORPACEPT INCREASES TUMOR INHIBITION OF AZACITIDINE

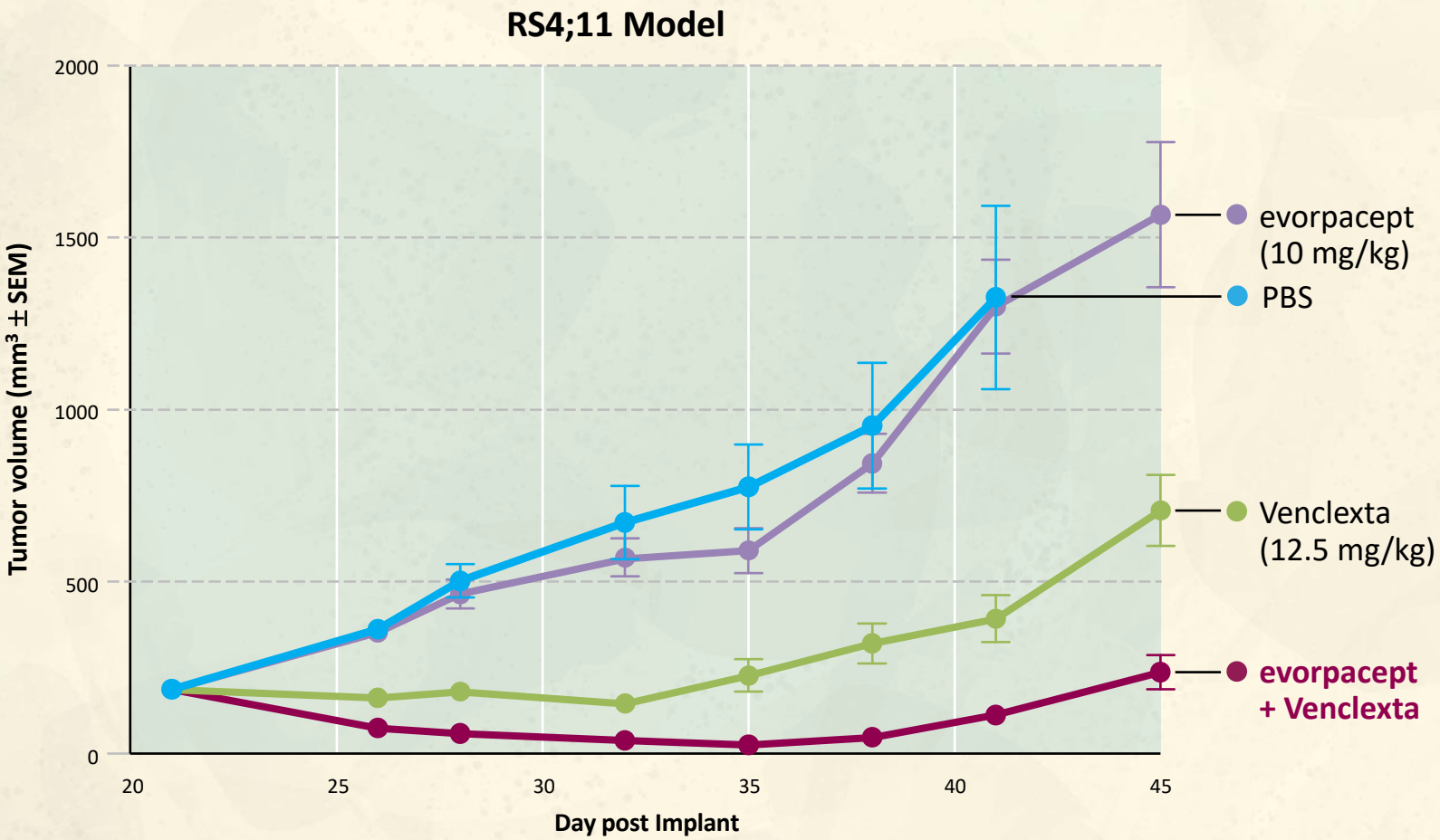


Disseminated AML mouse model

Combination opportunity in MDS and AML

ALX ONCOLOGY

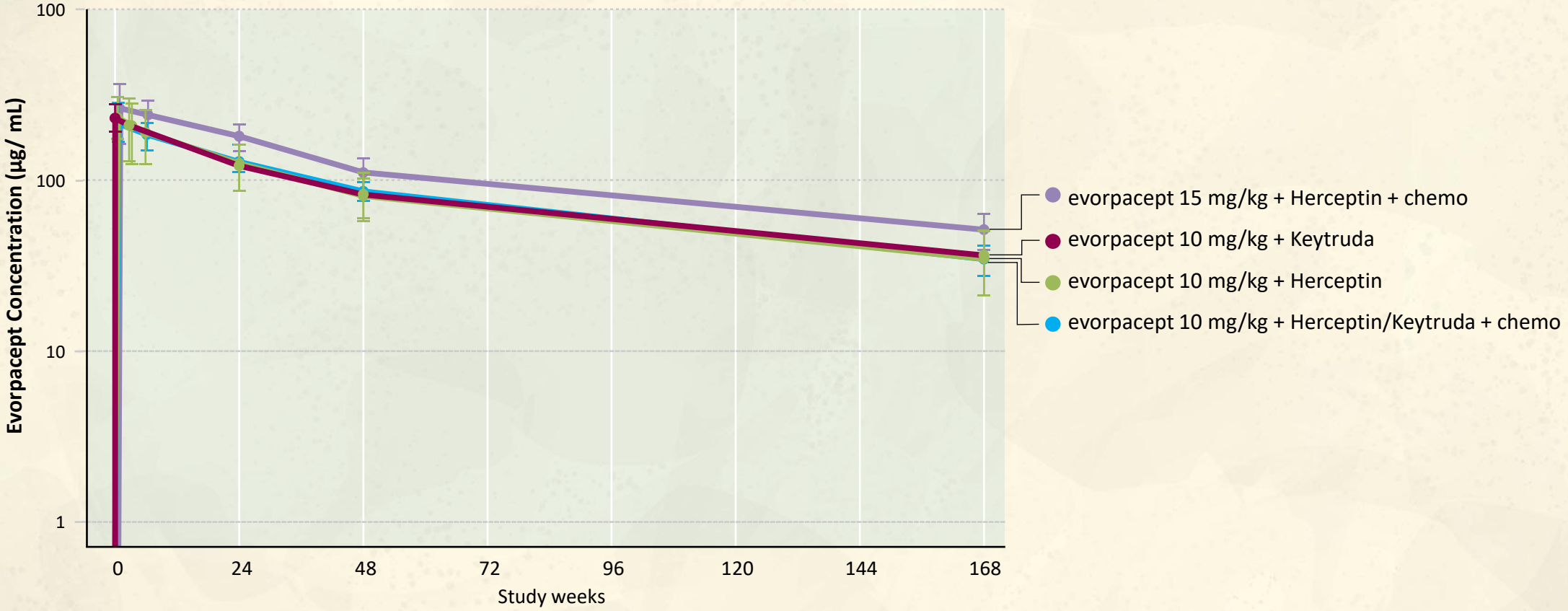
EVORPACEPT INCREASES TUMOR INHIBITION OF VENCLEXTA



Combination opportunity in AML

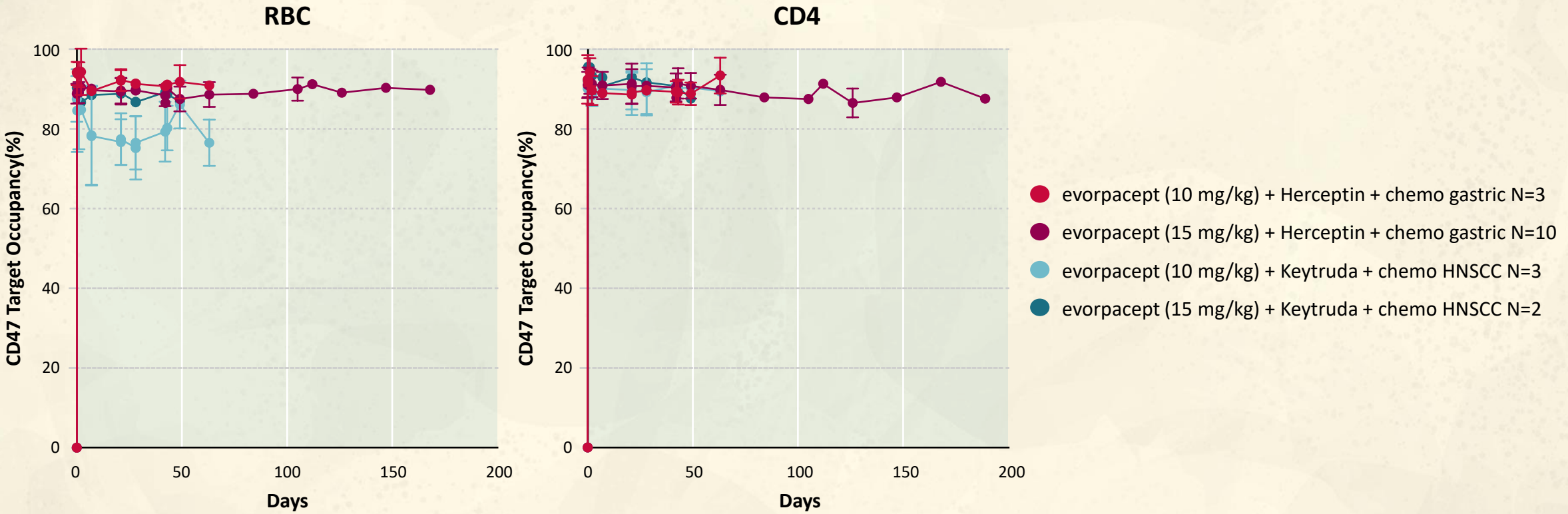
ALX ONCOLOGY

EVORPACEPT PK FOLLOWING COMBINATION THERAPIES IS COMPARABLE WITH AND WITHOUT CHEMOTHERAPY



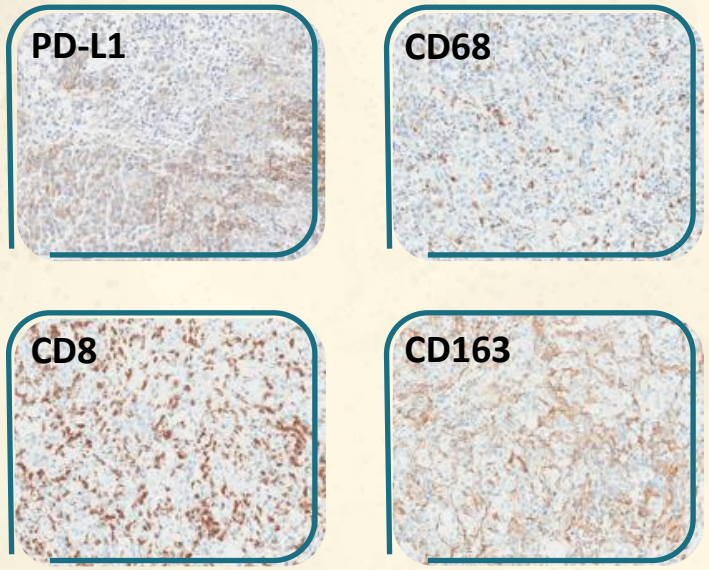
ALX ONCOLOGY

NEAR COMPLETE CD47 TARGET OCCUPANCY IS MAINTAINED THROUGHOUT EVORPACEPT DOSING INTERVAL WHEN COMBINED WITH CHEMOTHERAPY CONTAINING REGIMENS

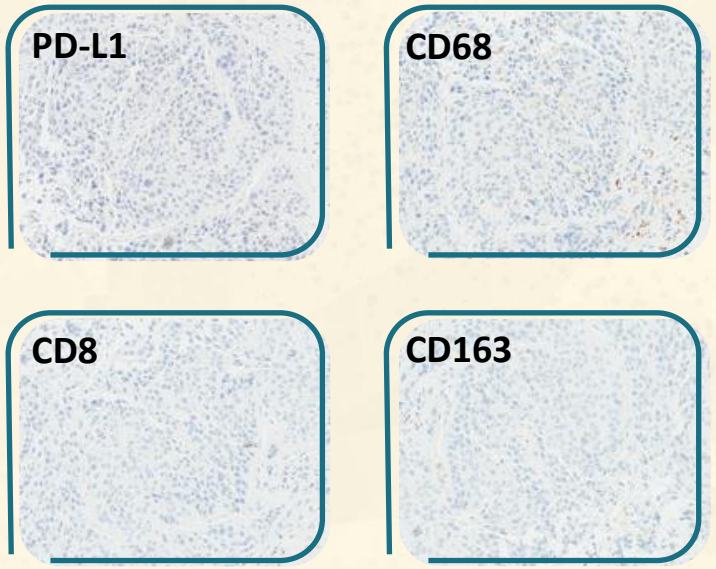


PRE-TREATMENT IHC RESULTS IN HOT AND COLD TUMORS
HNSCC PATIENT 1 (PD-L1 POSITIVE) AND PATIENT 2 (PD-L1 NEGATIVE)

Patient 1 Best Overall Response: CR
Immunologically "hot" tumor



Patient 2 Best Overall Response: PR
Immunologically "cold" tumor

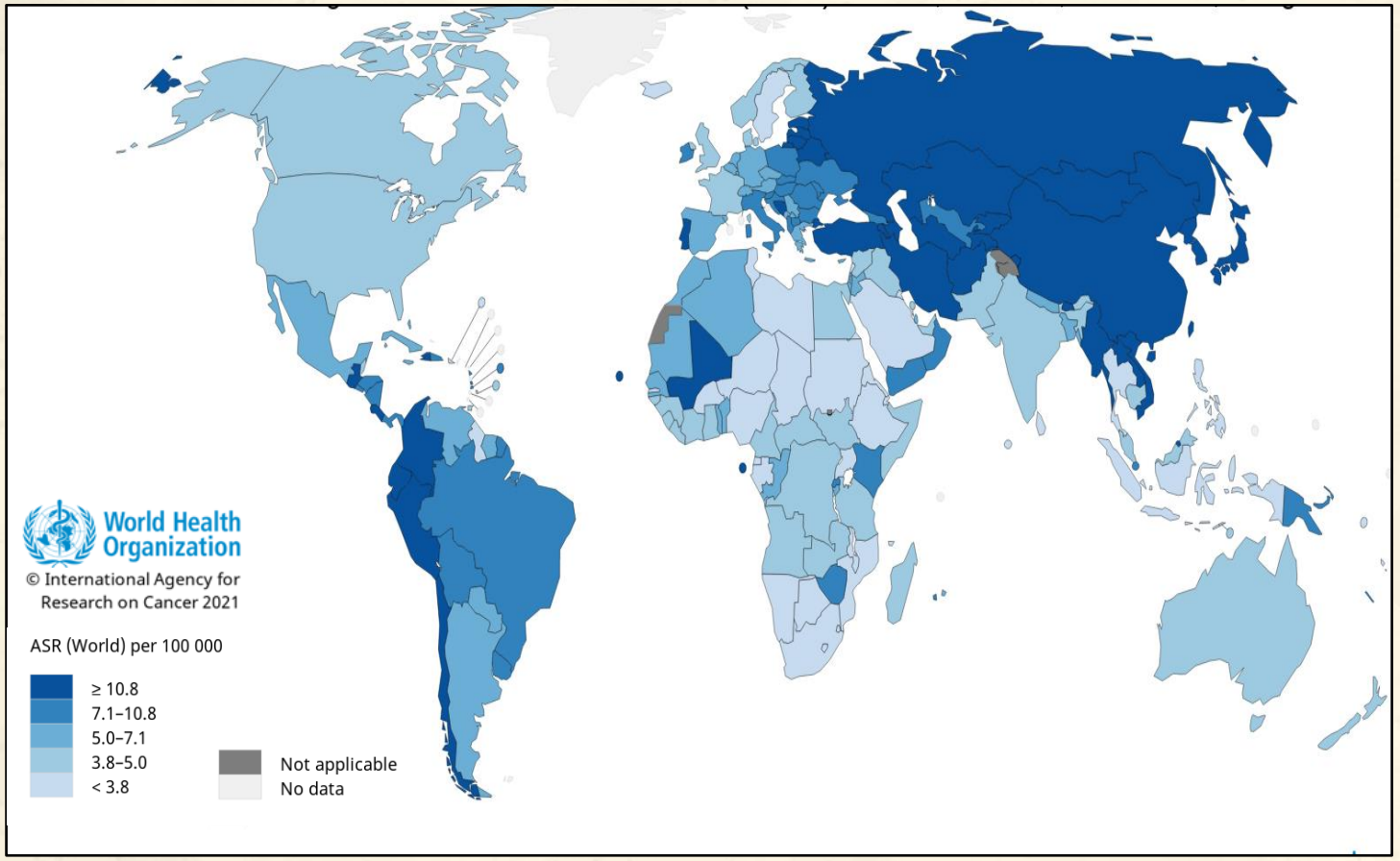


Patient 1: HNSCC (CPS 50) characterized as immunologically "hot" with a high density of infiltrating T lymphocytes (CD8) and tumor associated macrophages and myeloid cells (CD68 and CD163).

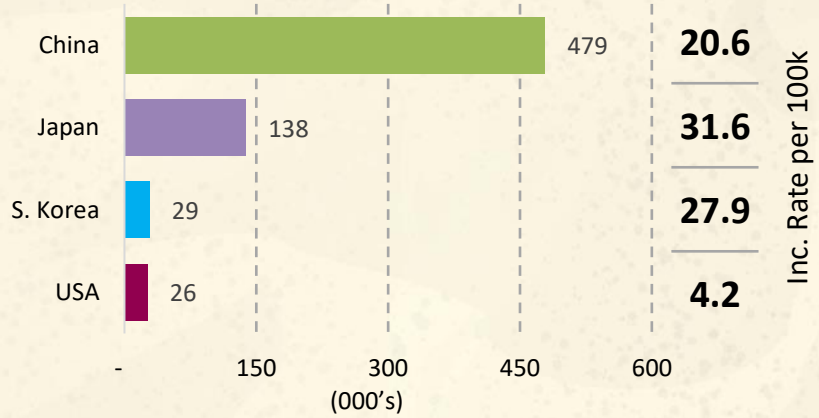
Patient 2: HNSCC (CPS 0) characterized as immunologically "cold" where immune cells are excluded from the tumor core while present at lower density in the peri-tumoral regions.

GASTRIC CANCER STATISTICS

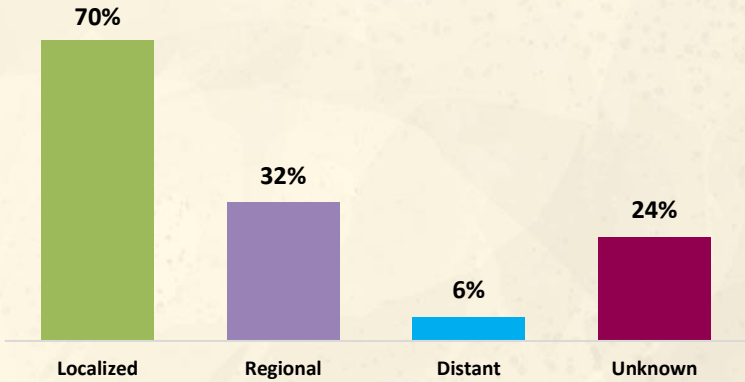
Age-Standardized Incidence Rate (ASR)[1]



Annual New Cases and ASR Incidence Per 100,000[1]



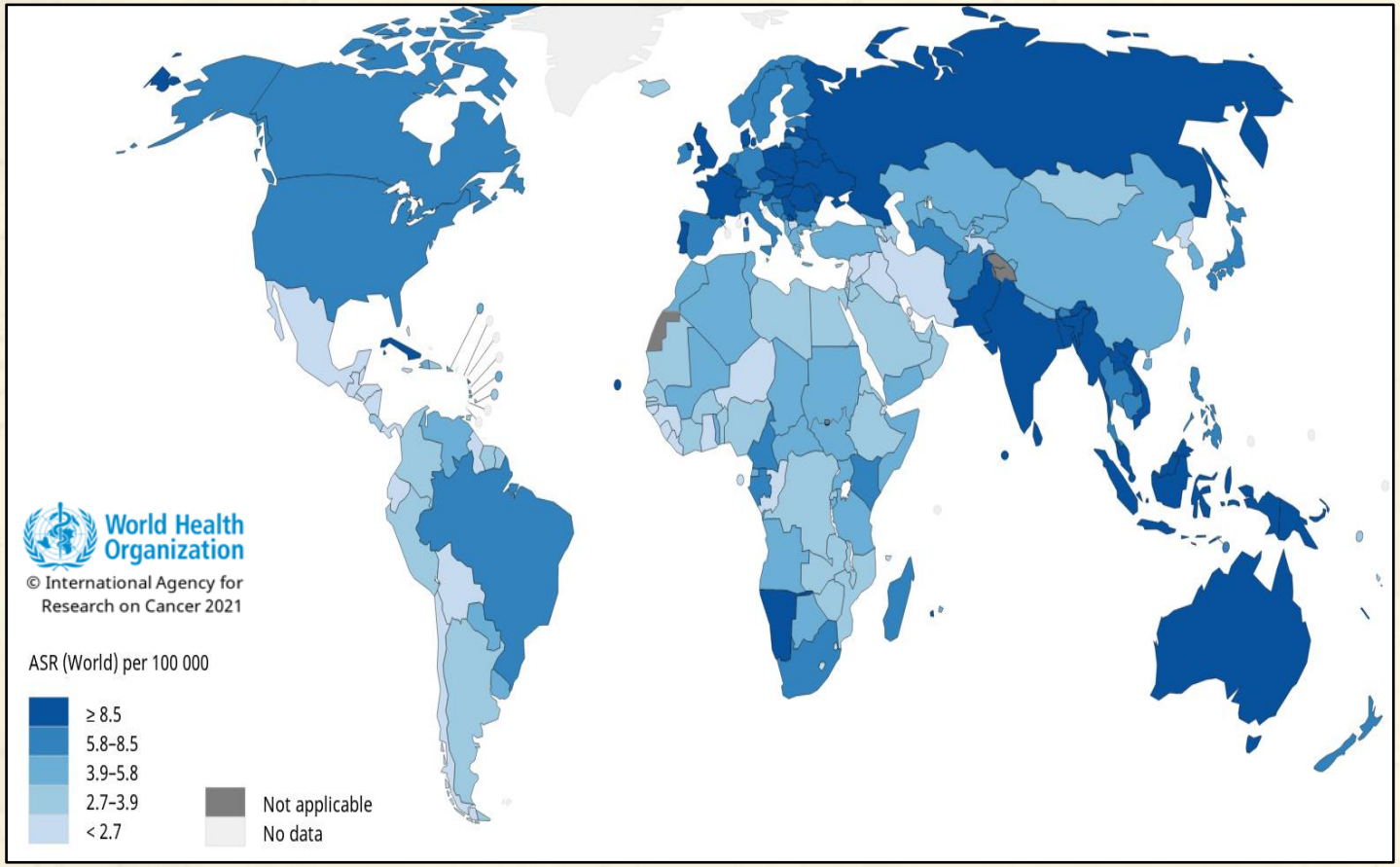
5-Year Survival by Stage at Diagnosis in US[2]



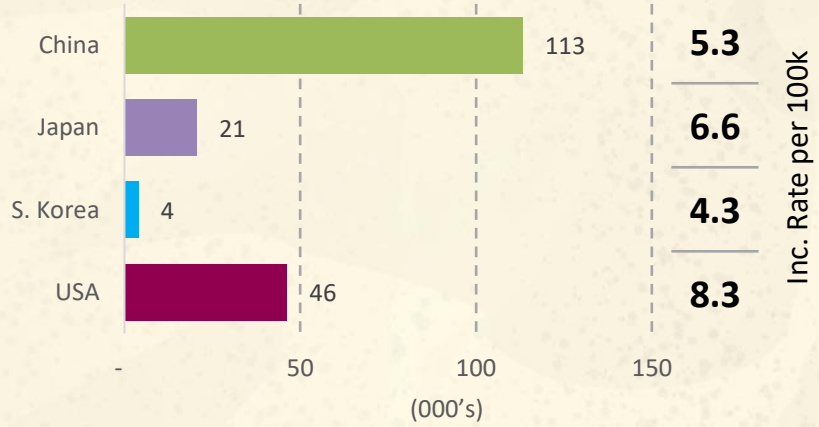
(1) WHO/IARC accessed October 22, 2021 for most recent year, 2020; (2) SEER Cancer Stats accessed October 22, 2021

HEAD AND NECK CANCER STATISTICS

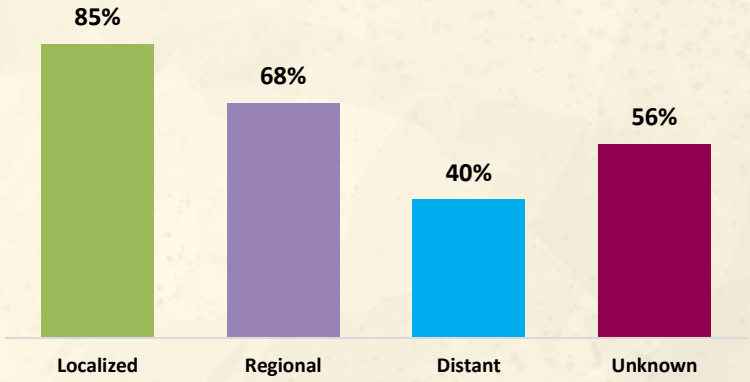
Age-Standardized Incidence Rate (ASR)[1]



Annual New Cases and ASR Incidence Per 100,000[1]



5-Year Survival by Stage at Diagnosis in US[2]



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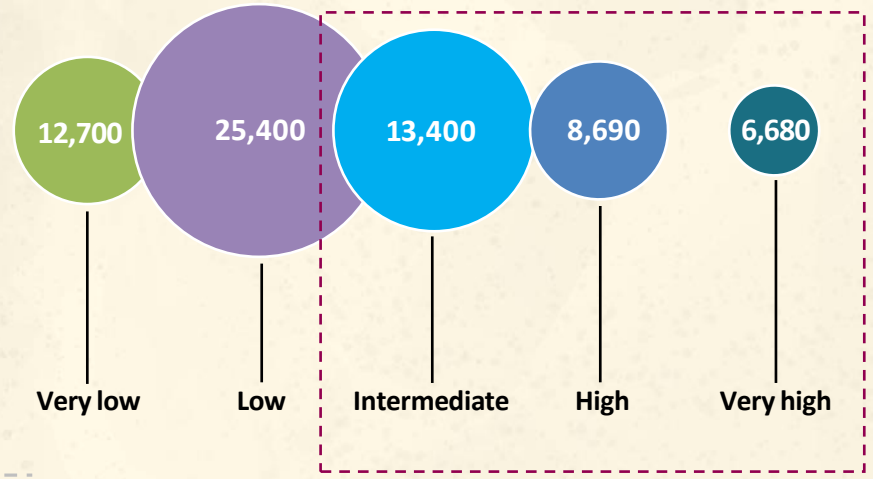
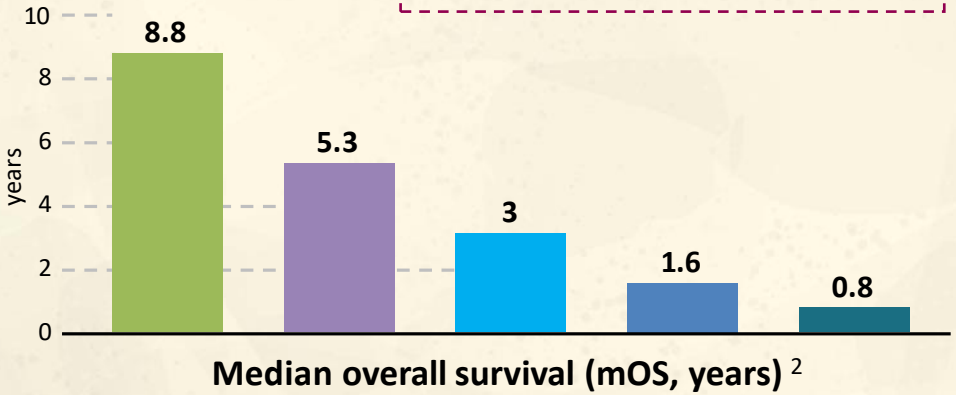
Oral cavity and pharynx. (1) WHO/IARC data accessed October 22, 2021 for most recent year, 2020; (2) SEER Cancer Stats accessed October 22, 2021

MDS OPPORTUNITY

US Diagnosed Prevalent Cases [1]





Median overall survival (mOS, years) [2]

Higher Risk (HR) MDS

Bone marrow transplant

<10%
Receive allogeneic transplant [3]

Azacitidine, Decitabine

17%
Treated with azacitidine achieve a CR [4]

Overall MDS

Nearly all pts transfused due to cytopenias

41 of 100
Will die from cytopenia-related causes [5]

Higher risk MDS patients are an area of high unmet need.

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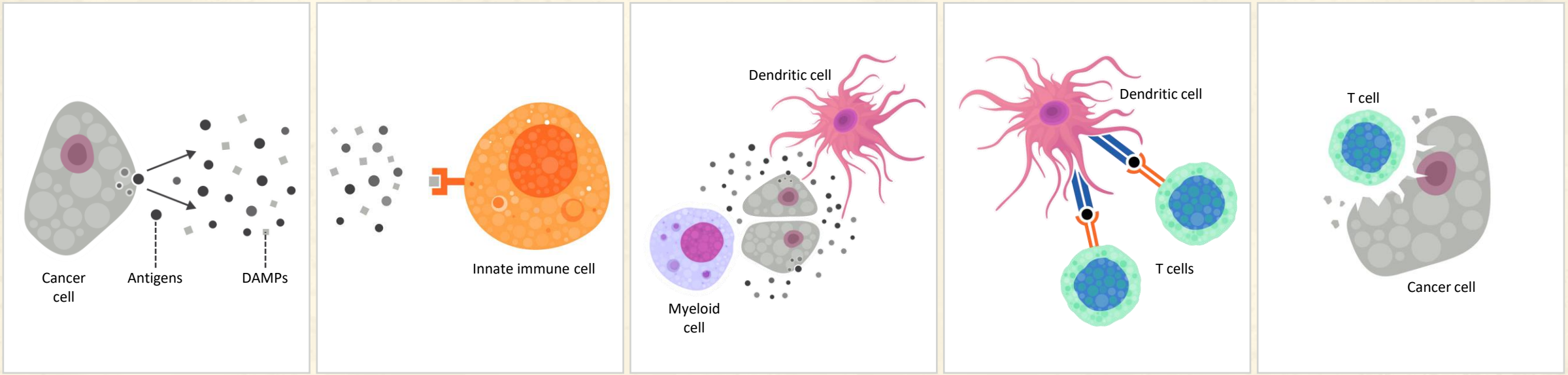
Revised international prognostic scoring system (IPSS-R).
[1]Estimated: Decision Resource Group 2019 MDS Report
[2]Greenberg, *Blood,* 2012
[3]Zeidan, *Leukemia & Lymphoma*, 2018
[4]Fenaux, *Lancet Oncology,* 2009
[5]Steensma, *Leukemia & Lymphoma,* 2015

HARNESSING THE POWER OF INNATE AND ADAPTIVE IMMUNE RESPONSES TO CANCER



1. Release of PAMPs/DAMPs and tumor antigens

2. Detection by PRRs on innate immune cells

3. Amplification of innate immune cell activation

4. Antigen presentation and activation of T cells

5. Recognition and elimination of tumor by T cells

- Successful immune-mediated elimination of cancer requires coordination between the innate and adaptive arms of the immune system.
- Innate immune cells (macrophages, myeloid cells and dendritic cells) may utilize a variety of signaling pathways, including TLR9, TLR7 or 8, STING and CD40, to trigger proinflammatory programs and engage the adaptive immune system.

DAMPs: damage-associated molecular patterns
PAMPs: pathogen-associated molecular patterns
PRRs: pattern recognition receptors

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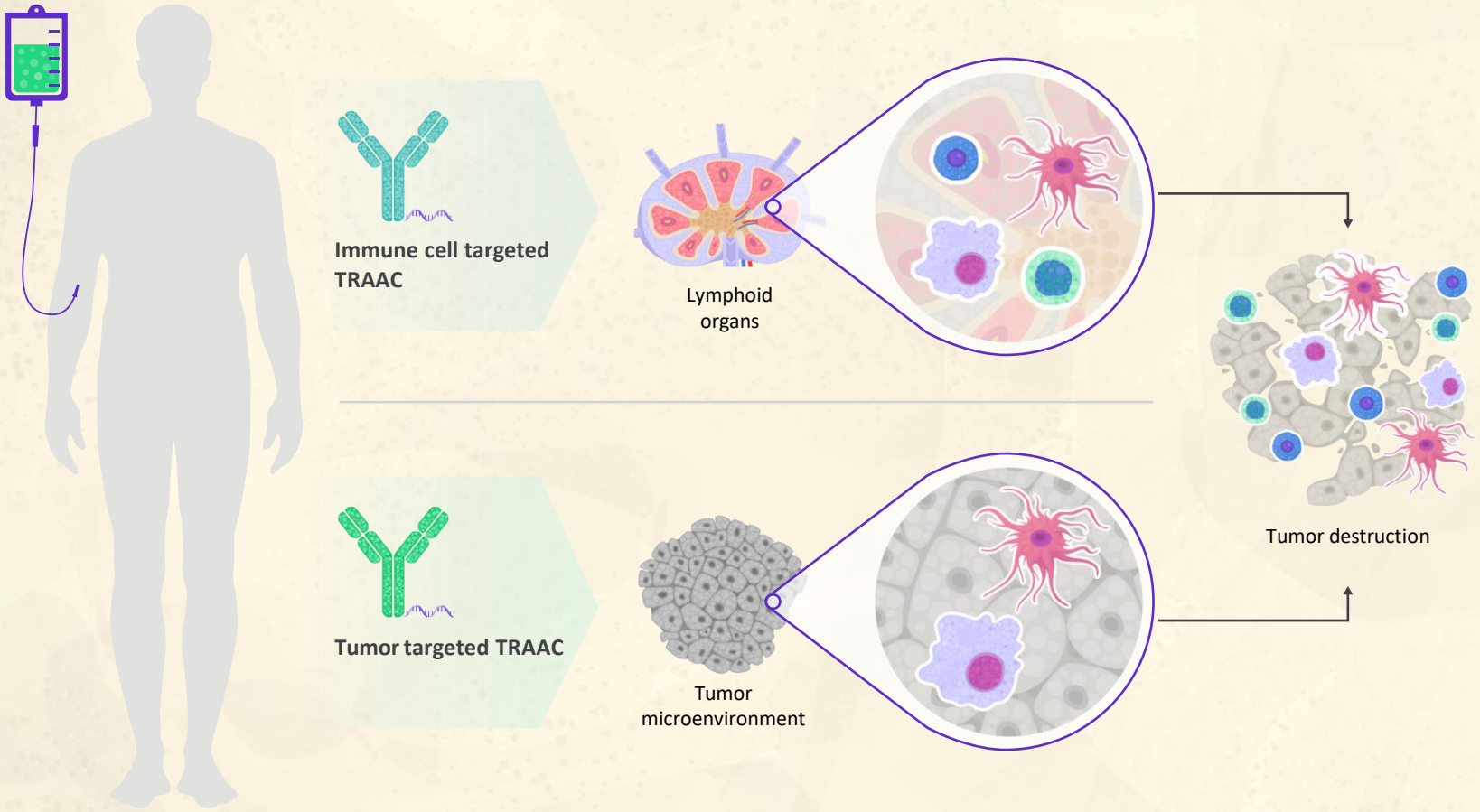
TLR9 AGONIST ANTIBODY CONJUGATE (TRAAC) ENABLES VERSATILE TARGETING OF IMMUNE CELLS THAT MATTER



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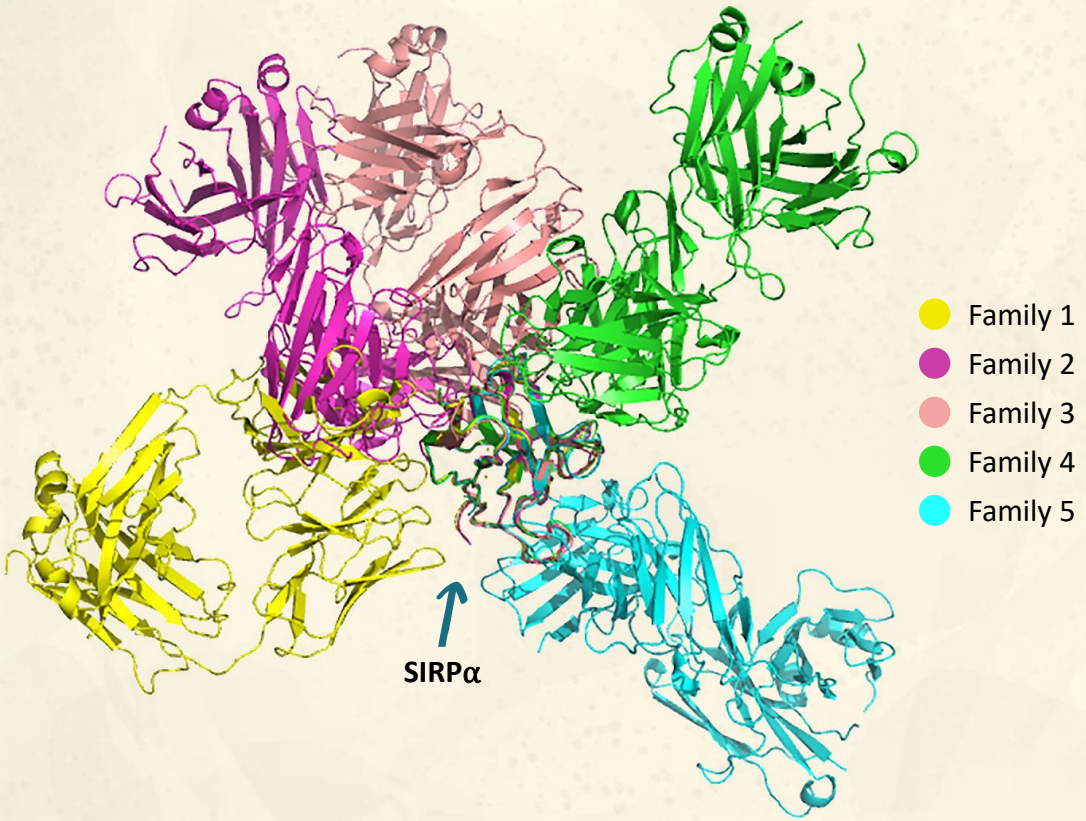
ALX ONCOLOGY'S SIRPα ANTIBODIES: HIGH AFFINITY AND DIVERSE EPITOPES



ALX's diverse range of SIRPα antibodies

Diversity allows selection of best-in-class SIRPα antibodies:

- Binds human SIRPα variants V1 and V2
- Cross reacts with rodent, monkey and human SIRPα
- Wide range of affinities
- Full coverage of SIRPα domain 1 surface allows selection for optimal epitope

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