FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	e burden
hours per respons	e 0.5

longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Nama ar														
1. Name and Address of Reporting Person * Persson Magnus			2. Issuer Name and Ticker or Trading Symbol Avalo Therapeutics, Inc. [AVTX]					_x_	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
(Last) (First) (Middle) C/O AVALO THERAPEUTICS INC., 540 GAITHER ROAD, SUITE 400			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2022						Officer (give	title below)	Othe	(specify belo	v)	
(Street) ROCKVILLE, MD 20850			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ F	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				e)	
(Cit		(State)	(Zip)			Table	l - Non-Deriv	vative Securities	s Acquired,	Disposed of	of, or Benef	ficially Owne	i	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		eemed tion Date, it	Code (Inst	(A	Securities Acqual or Disposed of astr. 3, 4 and 5)	f (D) Owner Trans		ecurities Berng Reported		Form:	7. Nature of Indirect Beneficial Ownership
						C	ode V A	(A) or (D)	Price	or Indirect (I) (Instr. 4)			(Instr. 4)	
Reminder:	Report on a s	separate line for each	relass of securities		<u>,</u>		Persons in this f	who respond	equired to r	espond ι				1474 (9-02)
Reminder:	Report on a s	separate line for each	relass of securities		<u>,</u>		Persons in this f	orm are not re	equired to r	espond ι				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction	Table II 3A. Deemed Execution Date, if	- Deriva (e.g., pu 4. Transact Code	tive Securi uts, calls, w 5. Nur tion of Der Securi Acqui	arrant nber ivative ties red (A)	Persons in this f a currer quired, Dispo ts, options, cor Expiration D (Month/Day/	orm are not really valid OMB sed of, or Beneficertible securi- cisable and ate	equired to r s control nu ficially Own	respond tumber. ed Amount	8. Price of	9. Number o Derivative Securities Beneficially	f 10. Owners Form of Derivati	11. Natu of Indire Benefici Ownersh
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Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Persson Magnus C/O AVALO THERAPEUTICS INC. 540 GAITHER ROAD, SUITE 400 ROCKVILLE, MD 20850	X				

Signatures

/s/ Donald R. Reynolds, by Power of Attorney	07/05/2022
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) 100% of the stock option will immediately vest on the date that it is granted.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.