## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
houre por roeponeo	0.5

Check this box if no 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

(Print or Ty	pe Response	s)													
	1. Name and Address of Reporting Person * Gutry Phil			2. Issuer Name and Ticker or Trading Symbol Avalo Therapeutics, Inc. [AVTX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
	ALO THE	(First) RAPEUTICS, IN SUITE 400	(Middle) NC., 540	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2021				Officer (give	e title below)	Oth	er (specify below)				
ROCKV	ILLE, MD	(Street)		4. If Ame	endmen	, Date (	Original Filed	Month/Day/Year	·)	_X_ F	orm filed by	One Reporting		Applicable Line)	
(Cit		(State)	(Zip)	Table I - Non-Derivative Securities Acq				quired,	uired, Disposed of, or Beneficially Owned						
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution D any (Month/Day		, if Co	de	4. Securities Acquir (A) or Disposed of (Instr. 3, 4 and 5)		Owne Trans		ecurities Being Reporte	d (	Ownership Form: H Direct (D)	7. Nature of Indirect Beneficial Ownership Instr. 4)	
						(	Code V		(a) or D) Pric	ce	;			(I) (Instr. 4)	
Reminder:	Report on a	separate into for each											tion contair	ed SEC 14	174 (9-02)
	2.	3. Transaction Date	3A. Deemed Execution Date, if	4. Transact	tion of De Sec (A) Dis	warra Number rivative curities quired or posed D)	in this displated in the displated in the country of the country o	form are r ys a curren cosed of, or sonvertible so reisable and Date	not requirently valid  Beneficial ecurities)  7. Tof User	ired to r d OMB o ally Own	respond control n ed Amount	unless the number.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect (s) (I)	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date, if any	4. Transact	ts, calls 5.1 tion of De Sec Ac (A' Dis of (In and	Number rivative curities quired or posed D) str. 3, 4	in this display to the display to th	form are r ys a curren cosed of, or sonvertible so reisable and Date	not requintly valid  Beneficial ecurities)  7. T of U Sec (Ins	ired to it d OMB (and of the control	respond control n ed Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)

#### **Reporting Owners**

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

#### **Signatures**

/s/ Christopher R. Sullivan, by Power of Attorney	10/04/2021
**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 this 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.