FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

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 * Sullivan Christopher Ryan					2. Issuer Name and Ticker or Trading Symbol Avalo Therapeutics, Inc. [AVTX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O AVALO THERAPEUTICS, INC., 540 GAITHER ROAD, SUITE 400						3. Date of Earliest Transaction (Month/Day/Year) 12/10/2021								X Officer (give title below) Other (specify below) Chief Accounting Officer					
(Street) ROCKVILLE, MD 20850					4. If Amendment, Date Original Filed(Month/Day/Year)									6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Ac								cqui	quired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transac Date (Month/Da	ay/Year) E	Exec	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transa Code (Instr. 8)			Dispose	osed of (D)				ollowing	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					(IVIOI	ui/Buy/1 cui/		Code	V	Amour	(A) c		rice	· · · · · · · · · · · · · · · · · · ·			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock 12/10/2021			021			P		955 <mark>(1</mark>	A	\$ 1.5	57	9,004			D				
			Ta					es Acquire	ed, Di	sposed	of, or B	enefi	iciall	•	OMB cont	rol numbe	r.		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. I Exec	3A. Deemed Execution Da		e.g., puts, calls, w		5. 6. Number of (Number of Acquired (A) or Disposed of (D)		d, Disposed of, or I ions, convertible so 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Ti Amo Undo Secu		tle and unt of perlying rities r. 3 and 8. Price of Derivative Security (Instr. 5)			Ownersh Form of Derivativ Security: Direct (I or Indire	Ownership (Instr. 4)	
						Code	2	(Instr. 3, 4, and 5) (A) (D)	Date Exer	cisable	Expirat Date	tion ,	Title	Amount or Number of Shares					
Repor	ting O	wners																	
Day outing Owney Name / Address					Relationships														
Reporting Owner Name / Addres				Director 10% Owner Office			cer				Other								

Chief Accounting Officer

Signatures

Sullivan Christopher Ryan

ROCKVILLE, MD 20850

C/O AVALO THERAPEUTICS, INC.

540 GAITHER ROAD, SUITE 400

/s/ Jennifer Zoltoski, by Power of Attorney	12/14/2021			
**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) These shares were acquired under the Issuer's 2016 Employee Stock Purchase Plan.

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.