FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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 [*] Sullivan Christopher Ryan | | | 2. Issuer Name and Ticker or Trading Symbol <u>Avalo Therapeutics, Inc.</u> [AVTX] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|---|-----------------------------|----------|--|--|--|-----------------------|--|--|--|--|--|
| (Last) C/O AVALO TH | (First) IERAPEUTICS, INC | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023 | x | Officer (give title below) Chief Financi | Other (specify below) | | | | | |
| 540 GAITHER F (Street) ROCKVILLE | ROAD, SUITE 400 | 20850 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv X | idual or Joint/Group Filing Form filed by One Rep Form filed by More tha | , | | | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication | ict, instruc | tion or written plan that is inte | ended to satisfy the | | | | | |
| ļ | | | affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|---|-----------------------------|---|--|---------------|--------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 06/09/2023 | | Р | | 511 ⁽¹⁾ | A | \$3.42 | 1,262 | 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. Deemed Execution Date, if any (Month/Day/Year) | e, Transaction Deriv Code (Instr. Secu ear) 8) Acqu or Di (D) (I | | 5. Num Derivat Securit Acquire or Disp (D) (Ins and 5) | ive ies ed (A) osed of | Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|--|---|--|---|--|---------------------------------|---------------------|--------------------|--|-------------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |] | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. These shares were acquired under the Issuer's 2016 Employee Stock Purchase Plan.

Remarks:

/s/ Jennifer Zoltoski, by Power of 06/12/2023

Attorney

** Signature of Reporting Person

Date

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

* 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).

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.

OMB APPROVAL