

COVER SHEET

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| A | Y | A | L | A |  | L | A | N | D | , |  | I | N | C | . |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(Company's Full Name)

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 1 | / | F |   | T | O | W | E | R |   | O | N | E | , |   | A | Y | A | L | A |   | T | R | I | A | N | G | L | E |
| A | Y | A | L | A |   | A | V | E | N | U | E | , |   | M | A | K | A | T | I |   | C | I | T | Y |   |   |   |   |   |

(Business Address: No. Street City / Town / Province)

|                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|
| ATTY. MARIA FRANCHETTE M. ACOSTA |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 7908-3000                |  |  |  |  |  |  |  |  |  |
| Contact Person                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Company Telephone Number |  |  |  |  |  |  |  |  |  |

|             |   |     |   |   |  |  |  |   |   |                |   |     |   |   |
|-------------|---|-----|---|---|--|--|--|---|---|----------------|---|-----|---|---|
| 1           | 2 | 3   | 1 | 2 |  |  |  | 3 | - | B              | 0 | 4   | 2 | 5 |
| Month       |   | Day |   |   |  |  |  |   |   | Month          |   | Day |   |   |
| Fiscal Year |   |     |   |   |  |  |  |   |   | Annual Meeting |   |     |   |   |

Secondary License Type, if Applicable

|                           |   |   |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------|---|---|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C                         | F | D |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dept. Requiring this Doc. |   |   | Amended Articles Number/Section |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                           |  |  |  |  |                            |  |  |  |  |         |  |  |  |  |
|---------------------------|--|--|--|--|----------------------------|--|--|--|--|---------|--|--|--|--|
|                           |  |  |  |  | Total Amount of Borrowings |  |  |  |  |         |  |  |  |  |
|                           |  |  |  |  |                            |  |  |  |  |         |  |  |  |  |
| Total No. Of Stockholders |  |  |  |  | Domestic                   |  |  |  |  | Foreign |  |  |  |  |

To be accomplished by SEC Personnel concerned

|               |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|
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| File Number   |  |  |  |  |  |  |  |  |  | LCU     |  |  |  |  |  |  |  |  |  |
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| Document I.D. |  |  |  |  |  |  |  |  |  | Cashier |  |  |  |  |  |  |  |  |  |

STAMPS

Remarks = pls. Use black ink for scanning purposes

SECURITIES AND EXCHANGE COMMISSION  
Metro Manila, Philippines

FORM 23-B

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES  
Filed pursuant to Section 23 of the Securities Regulation Code

☐ Check box if no longer subject  
to filing requirement

|  |  |   |   |  |   |  |                  |   |  |
|--|--|---|---|--|---|--|------------------|---|--|
| 1. Name and Address of Reporting Person<br><b>ABANDO, DANTE M.</b> |  | 2. Issuer Name and Trading Symbol<br><b>AYALA LAND, INC (ALI)</b> |   |  | 7. Relationship of Reporting Person to Issuer<br>(Check all applicable) |  |                  |   |  |
| (First) (Middle)   |  | 3. Tax Identification Number                                      |   | 5. Statement for Month/Year<br><br>December 2024 |   | <input checked="" type="checkbox"/> Director Officer<br>(give title below) |                  | <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Other<br>(specify below) |  |
| (Street)   |  | 4. Citizenship<br><br>FILIPINO                                    |   | 6. If Amendment, Date of Original (Month/Year)   |   | <b>SENIOR VICE PRESIDENT</b>   |                  |   |  |
| (City) (Province) (Postal Code)                                    |  | Table 1 - Equity Securities Beneficially Owned                    |   |  |   |  |                  |   |  |
| 1. Class of Equity Security  |  | 2. Transaction Date<br>(Month/Day/Year)                           | 4. Securities Acquired (A) or Disposed of (D) |  |   | 3. Amount of Securities Owned at End of Month                              |                  | 4. Ownership Form:<br>Direct (D) or Indirect (I) *                                      | 6. Nature of Indirect Beneficial Ownership |
|  |  |   | Amount  | (A) or (D)                                       | Price   | %  | Number of Shares |   |  |
| COMMON SHARES AT P1.00 PAR VALUE                                   |  | Beg. Bal.   |   |  |   | 0.04%  | 5,328,816        | D - 1,097,355 sh  |  |
|  |  |   |   |  |   |  | as of 10/24/24   | I - 3,525,337 sh  | Indirect sh thru ESOWN                     |
|  |  |   |   |  |   |  |                  | I - 706,124 sh  | Indirect sh held in PCD                    |
|  |  |   |   |  |   |  |                  |   |  |
|  |  | 12/12/2024  | 40,000  | A  | 27.00   |  |                  |   |  |
|  |  | 12/12/2024  | 10,000  | A  | 26.95   |  |                  |   |  |
|  |  | 12/12/2024  | 20,000  | A  | 26.50   |  |                  |   |  |
|  |  | 12/13/2024  | 40,000  | A  | 26.60   |  |                  |   |  |
|  |  | 12/13/2024  | 30,000  | A  | 26.50   |  |                  |   |  |
|  |  |   |   |  |   |  |                  |   |  |
|  |  | End. Bal.   |   |  |   | 0.04%  | 5,468,816        | D - 1,097,355 sh  |  |
|  |  |   |   |  |   |  | as of 12/13/24   | I - 3,525,337 sh  | Indirect sh thru ESOWN                     |
|  |  |   |   |  |   |  |                  | I - 706,124 sh  | Indirect sh held in PCD                    |
|  |  |   |   |  |   |  |                  | I - 140,000 sh  | Shares held by immediate family member     |
|  |  |   |   |  |   |  |                  |   | sharing the same household                 |

If the change in beneficial ownership is 50% of the previous shareholdings or is equal to 5% of the outstanding capital stock of the issuer, provide the disclosure requirements set forth on page 3 of this form.

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

(1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares:

(A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or

(B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.

(2) A person will be deemed to have an indirect beneficial interest in any equity security which is:

(A) held by members of a person's immediate family sharing the same household;

(B) held by a partnership in which such person is a general partner;

(C) held by a corporation of which such person is a controlling shareholder; or

(D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

FORM 23-B (continued)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  
(e.g., warrants, options, convertible securities)

| 1. Derivative Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Yr) | 4. Number of Derivative Securities Acquired (A) or Disposed of (D) |            | 5. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 6. Title and Amount of Underlying Securities |                            | 7. Price of Derivative Security | 8. No. of Derivative Securities Beneficially Owned at End of Month | 9. Ownership Form of Derivative Security; Direct (D) or Indirect (I) * | 10. Nature of Indirect Beneficial Ownership |
|------------------------|--|------------------------------------|--|------------|--|-----------------|--|----------------------------|---------------------------------|--|--|---|
|                        |  |                                    | Amount   | (A) or (D) | Date Exercisable   | Expiration Date | Title  | Amount or Number of Shares |                                 |  |  |   |
| N/A                    |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
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|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |

Explanation of Responses:

Note: File **three (3)** copies of this form, one of which must be manually signed.  
Attach additional sheets if space provided is insufficient.



**DANTE M. ABANDO**  
Signature of Reporting Person

17-Dec-24  
Date