## **COVER SHEET**

|  |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       | 1      | 5    | 2     | 7     | 4      | 7   |        |         |    |   |
|--|---|-------|--------|-------|--------|-----|---|---|---|-----------|---|----|--------------------|-------|-------------|-----|------|-----|-------|--------|------|-------|-------|--------|-----|--------|---------|----|---|
|  |   |       | . 1    |       |        | Γ   |   |   |   |           |   |    |                    | _     |             |     |      | ı   |       |        |      |       |       |        |     |        |         |    |   |
| Α  | Υ   | Α     | L      | Α     |        | L   | Α | N | D | ,         |   | ı  | N                  | С     | •           |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  | (Company's Full Name)                                 |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
| 3  | 1   | 1     | F      |       | Т      | 0   | W | Ε | R |           | 0 | N  | Ε                  | ,     |             | Α   | Υ    | Α   | L     | Α      |      | Т     | R     | I      | Α   | N      | G       | L  | Ε |
| Α  | Υ   | Α     | L      | Α     |        | Α   | ٧ | Ε | N | U         | Ε | ,  |                    | М     | Α           | K   | Α    | Т   | I     |        | С    | I     | Т     | Υ      |     |        |         |    |   |
|  | (Business Address: No. Street City / Town / Province) |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
| ATTY. SOLOMON M. HERMOSURA  Contact Person Comp. |   |       |        |       |        |     |   |   |   | 7908-3000 |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  | Contact Person Company Telephone Number               |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
| 1  | 2   |       | 3      | 1     |        |     |   |   |   |           |   |    |                    | 2     | 3           | -   | В    |     |       |        |      |       |       |        | 0   | 4      |         | 2  | 6 |
| Month Day Fiscal Year                            |   |       |        |       |        |     |   |   |   |           |   | Mo | <i>nth</i><br>Annu | al Me | Da<br>eting | -   |      |     |       |        |      |       |       |        |     |        |         |    |   |
| Secondary License Type, if Applicable            |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
| С  | F   | D     |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
| De   | pt. R   | equir | ing th | is Do | oc.    |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        | Ar   | nend  | ed Aı | ticles | Nun | nber/s | Section | on |   |
|  |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     | Т     | otal A | Amou | nt of | Borro | owing  | ıs  |        |         |    |   |
| То   | tal No  | o. Of | Stock  | khold | ers    |     |   |   |   |           |   |    |                    |       |             |     |      | Dom | estic |        |      |       |       |        |     | Fore   | eign    |    |   |
| To be accomplished by SEC Personnel concerned    |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  |   |       |        |       |        |     |   |   |   | Ī         |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  |   |       | F      | ile N | umbe   | er  |   |   |   |           |   |    |                    |       |             | LC  | CU   |     |       |        |      |       |       |        |     |        |         |    |   |
|  |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |
|  |   |       | Do     | cum   | ent I. | .D. |   |   |   |           |   |    |                    |       |             | Cas | hier |     |       |        |      |       | ı     |        |     |        |         |    |   |
| Cashier  STAMPS                                  |   |       |        |       |        |     |   |   |   |           |   |    |                    |       |             |     |      |     |       |        |      |       |       |        |     |        |         |    |   |

Remarks = pls. Use black ink for scanning purposes

## SECURITIES AND EXCHANGE COMMISSION Metro Manila, Philippines

| FORM 23 | -B |
|---------|----|
|---------|----|

| Check box if no longer subject |
|--------------------------------|
| <br>to filing requirement      |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 23 of the Securities Regulation Code

| Name and Address of Reporting Person                 | 2. Issuer Name and Tra        | iding Symbol    | 4   |  | 17. Relationship of Reporting Person to Issuer |                       |   |  |  |  |  |  |
|--|-------------------------------|-----------------|---|--|--|-----------------------|---|--|--|--|--|--|
| HERNANDEZ JAVIER D.                                  |                               | AYALA L         | AND, INC (ALI)                              |  | (Check all applicable)                         |                       |   |  |  |  |  |  |
| (Last) (First) (Widdle)                              | Tax Identification     Number |                 | 5. Statement for<br>Month/Year              |  |  | Urrector Unicer       |   | 10% Owner<br>Other                         |  |  |  |  |
| Unit D 302, Galleria de Magallanes, Lapu-Lapu Street | 154-33                        | 6-774           | Februa                                      | ary 2024                                     |  | (give title below)    |   | (specify below)                            |  |  |  |  |
| (Street)   | 4. Citizenship                |                 | If Amendment, Date     Original (MonthYear) |  |  | VICE PRESIDENT        |   |  |  |  |  |  |
| Magallanes Village, Makati City                      | FILIF                         | ONF             |   |  |  |                       |   |  |  |  |  |  |
| (City) (Province) (Postal Code)                      |                               | Т               | able 1 - Equity Securit                     | ole 1 - Equity Securities Beneficially Owner |  |                       |   |  |  |  |  |  |
| Class of Equity Security                             | 2. Transaction Date           | Securities Acqu | ired (A) or Disposed of (D                  |  | Month  |                       | 4 Ownership Form:<br>Ulrect (U) or indirect (i) | 6 Nature of Indirect Beneficial  Ownership |  |  |  |  |
|  | (Month/Day/Year)              | Amount          | (A) or (D)                                  | Price  | %  | Number of Shares      |   |  |  |  |  |  |
| COMMON SHARES AT P1.00 PAR VALUE                     | Beg. Bal.                     |                 |   |  | 0.01%  | 973,015               | 1 - 970,768 sh                                  | Indirect shares through ESOWN              |  |  |  |  |
|  |                               |                 |   |  |  | Bal. as of 01/16/2024 | I - 2,247 sh                                    | Lodged with PCD                            |  |  |  |  |
|  | 2/29/2024                     | 200             | A* °  | 35.00  |  |                       |   |  |  |  |  |  |
|  |                               | *acquired f     | or the account of in                        | mediate family me                            | mbers  |                       |   |  |  |  |  |  |
|  | End. Bal.                     |                 | ?   |  | 0.01%  | 973,215               | 1 - 970,768 sh                                  | Indirect shares through ESOWN              |  |  |  |  |
|  |                               |                 |   |  |  | Bal. as of 02/29/2024 | I - 2,447 sh                                    | Lodged with PCD                            |  |  |  |  |
|  |                               |                 |   |  |  |                       |   |  |  |  |  |  |
|  |                               |                 |   |  | L  |                       |   |  |  |  |  |  |

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 sacurity; and/or
- (B) Investment power which includes the power to dispose of, or to direct the disposition of, such security.

  (A) 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;

- (A) field by fireflixers or a person's initiodize lating steaming are same induscrious.
   (B) field 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)

| Derivative Security | Conversion or<br>Exercise Price<br>of Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Yr) | Number of Deriva     Acquired (A) or D | tive Securities<br>isposed of (D) | 5. Date<br>Exercisable and<br>Expiration Date<br>(Month/Day/Year) | 6. Title and<br>Underlying |       | 7. Price of Derivative Security  | Derivative<br>Securities<br>Beneficially<br>Owned at | ship Form<br>of Derivative<br>Security;<br>Direct (D) | of Indirect<br>Beneficial<br>Ownership |   |
|---------------------|--|--|--|-----------------------------------|---|----------------------------|-------|----------------------------------|--|---|--|---|
|                     |  |  | Amount                                 | (A) or (D)                        | Date Exercisable  | Expiration<br>Date         | Title | Amount or<br>Number<br>of Shares |  | End of<br>Month                                       | indirect (1)                           |   |
| N/A                 |  |  |  |                                   |   |                            | 1     |                                  |  | -   | -                                      | - |
|                     |  |  |  |                                   |   |                            |       |                                  | -  |   | -                                      | - |
|                     |  |  |  |                                   |   |                            |       |                                  |  |   |  |   |
|                     |  |  |  |                                   |   |                            |       |                                  | -  | -   | -                                      | + |
|                     |  |  |  |                                   |   | <del> </del>               |       |                                  |  | -   |  | - |
|                     |  |  |  |                                   |   | <b></b>                    |       |                                  |  | +   | -                                      | + |
|                     |  |  |  |                                   |   |                            |       |                                  |  | -   |  |   |
|                     |  |  |  |                                   |   |                            | -     |                                  | -  | +   |  | - |
|                     |  |  |  |                                   |   | -                          |       |                                  | -  | -   | -                                      | 1 |
|                     |  |  |  |                                   |   |                            |       |                                  |  |   | +                                      | - |
|                     |  |  |  |                                   |   |                            |       |                                  |  | 1   | ,                                      |   |

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.

VIER D. HERNANDEZ

Signature of Reporting Person

29-Feb-24