FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* <u>Hagen Brett R</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Allovir, Inc. [ ALVR ]									5. Relationship of Reporting Person(s) to Issu (Check all applicable)  Director 10% Owner Office (circus titles)				
(Last)	ist) (First) (Middle) O ALLOVIR, INC.				3. Date of Earliest Transaction (Month/Day/Year) 08/05/2024									<b>V</b>	below	Officer (give title below)  Chief Account		Other (below)  g Officer	specify
P.O. BOX 44, 1661 MASSACHUSETTS AVE.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
(Street)	Street) LEXINGTON MA 02420													Form filed by More than One Reporting Person					
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														nded to
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					rear) li	Execution Date,						Acquired (A) or (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Follow		ties cially I Following	Forn (D) c	m: Direct	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 08/05/202						4			<b>S</b> <sup>(1)</sup>		1,692	D	\$0.734	348 <sup>(2)</sup> 7		2,525		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	xercise (Month/Day/Year) if any (Month/Day/Yeative		ution Date,	Code ( 8)	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			e and nt of ities !lying ative ity (Instr. 4) Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficia Ownership (Instr. 4)

## Explanation of Responses:

- 1. Represents shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. These sales were automatic and not in the discretion of the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$0.73 to \$0.75. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.

/s/ Brett Hagen

08/07/2024

\*\* 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.