FORM 4

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	1110 EX	
Machinaton	D C 20540	

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

defense	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																	
1. Name and Address of Reporting Person* Hagen Brett R			2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ALVR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Tragen blett K			, ,									Direc			10% O				
												_	1	Office			Other (specify	
` ′	(Last) (First) (Middle) C/O ALLOVIR, INC.		3. Date of Earliest Transaction (Month/Day/Year) 08/19/2024								Chief Accounting Officer								
P.O. BOX 44, 1661 MASSACHUSETTS AVE.			4. If Amendment, Date of Original Filed (Month/Dev/Veer)								. 6	6. Individual or Joint/Group Filing (Chack Applied							
			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	TON M.	A 0	2420)										1	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)	·											Perso	ori			
		Table	I - N	lon-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y			Execution		ion Dat	on Date,				ities Acquired (A) o d Of (D) (Instr. 3, 4		and 5) See Bei Ow		Amount of curities neficially ned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 08/19/2			08/19/20	24			S ⁽¹⁾		544	D	\$0.759) 5 ⁽²⁾	71,981			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 Date Onte Security (Instr. 3) Or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)				4. Transaction Code (Instr. 8)		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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

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 \$0.7373 to \$0.7736. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.

/s/ Brett Hagen

08/20/2024

** Signature of Reporting Person

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.