FORM 4

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

ashington,	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 APPROVAL 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* <u>Tomasello Shawn</u>				2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ ALVR ]								(Che	elationship eck all app Direc	,	ng Per	rson(s) to Is 10% Ov				
(Last)	(Fi	rst) (ľ	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									Office	er (give title v)		Other (s below)	specify	
C/O ALLOVIR, INC. 1100 WINTER STREET				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person							
(Street) WALTH	AM M.	A 0	02451		Dul	Dula 10h5 1(a) Transaction Indication									Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	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.														
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or l	Ben	eficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				y/Year) Execut		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Inst 5)					Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D	) or )	Price		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 06/06/2				2024			A		35,000(1	) ]	A	\$0.00	7	0,000	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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities ired r osed )	6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		;   [ ; ;	B. Price of Derivative Gecurity Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount nber ires						

## **Explanation of Responses:**

1. The shares reported in this transaction represent Restricted Stock Units ("RSUs") issued under the AlloVir, Inc. 2020 Stock Option and Grant Plan. Each RSU represents the contingent right to receive one share of the Issuer's Common Stock. The shares shall vest upon the earlier to occur of (i) June 6, 2025 and (ii) the next annual meeting of the Issuer's stockholders, subject to the Reporting Person's continued service on the Issuer's Board of Directors.

/s/ Brett Hagen, as Attorney-

06/07/2024

in-Fact

\*\* 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.