FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | C. 20549 |
|----------------|----------|
|----------------|----------|

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANG |
|---|-----------------------------|
| obligations may continue. See | |
| Instruction 1(b). | Filed nursuant to Section 1 |

GES 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

| Name and Address of Reporting Person* Sinha Vikas | | | | | 2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ALVR] | | | | | | | | | | k all app Direc | tor | ng Pe | ₹ 10% C | wner | |
|---|--|-------|--------------|--------------------------|--|---|-----------------|----------------------------|------------------|---|------------------------|---------------|--------------------------|--|--|--|--|---|------------|--|
| (Last) (First) (Middle) C/O ALLOVIR, INC. 1100 WINTER STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/20/2022 | | | | | | | | | X Officer (give title Other (specify below) See Remarks | | | | | |
| (Street) WALTH | | | 2451 Zip) | | | Amend 24/202 | | Date | of Orig | ginal Filo | ed (Month/Da | ay/Year | | . Indivine) | ′ | | | | | |
| | | Table | I - N | lon-Deriva | tive : | Secui | rities | Ac | quire | d, Di | sposed of | f, or E | Benefic | ially | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | Year) | Execution Da | | | 3. Transa Code 8) | | | | | and 5) Sec Ben Owr | | Amount of curities neficially ned Following | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 10/20/202 | | | | |)22 | | | | S ⁽¹⁾ | | 1,449 | D | \$9.360 | 507 ⁽²⁾ 1,03 | | 036,775 | | D | | |
| | | Tal | ble II | l - Derivat (e.g., pı | | | | | | | oosed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | cution Date, | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | _ | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial 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, and does not represent a discretionary trade by 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 \$9.08 to \$9.72. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.

Remarks:

This Form 4/A is being filed correct the transaction date reported in the original Form 4 filed on October 24, 2022. Officer Title: President and Chief Financial Officer

/s/ Brett Hagen, as Attorney-

in-Fact

** Signature of Reporting Person Date

10/26/2022

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.