FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549				
	Washington	D C 20	N549	

OMB AP	PROVAL
OMB Number:	3235-0287

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

	OMB APPRO	DVAL
	OMB Number:	3235-0287
l	Estimated average bur	den
l	hours per response:	0.5

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 intended to satisfy the affirmative defense conditions of Rule 10b5-
1(c). See Instruction 10.

Name and Address of Reporting Person* Sinha Vikas						2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ALVR]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sinna	<u>vikas</u>			AHOVII, IIIC. [ALVK]														Owner		
(Last) (First) (Middle) C/O ALLOVIR, INC.							3. Date of Earliest Transaction (Month/Day/Year) 10/03/2024								Officer (give title below) See Remarks					
P.O. BOX 44, 1661 MASSACHUSETTS AVE.																				
(Street) LEXINGTON MA 02420					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicatine) Form filed by One Reporting Person Form filed by More than One Reporting					rson	
(City) (State) (Zip)					Person															
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	quire	d, Di	sposed o	f, or E	Benefic	ially C	Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Y	Execution Da		cution Date,		3. Transaction Code (Instr. 8)							s illy ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transa		saction(s) 2. 3 and 4)			(111501.4)	
Common	Stock			10/03/2024		4			S ⁽¹⁾	П	940	D	\$0.814	8 1,152,644		2,644	D			
Common Stock											1	16,674,766				Shares held by ElevateBio LLC ⁽²⁾				
		Tal	ble II	l - Derivati (e.g., pu							oosed of, convertib				vne	d				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		rative rities ired r osed) r. 3, 4	Expiration Date (Month/Day/Year)		Date Amount of		int of rities rlying ative rity (Instr.	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)	Beneficia Ownersh (Instr. 4)			
				Code	v	(A)	(D)	Date	rcisable	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. Shares held by ElevateBio. The Reporting Person is a director and Chief Financial Officer of ElevateBio, and may be deemed to have shared voting and investment power of the shares held by ElevateBio. The Reporting Person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or for any other purpose.

Remarks:

Officer Title: President and Chief Financial Officer

/s/ Brett Hagen, as Attorney-10/04/2024 in-Fact

** 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.