FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Г										
	OMB APPROVAL									
ı	I									
l	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response	: 0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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		,				inpuriy Act o	J. <u>1</u> 0								
Name and Address of Reporting Person* Adams Derek N.						2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ALVR]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Audins Delek IV.						. —								_	X Dir	ector		10% Ov	vner	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023										cer (give title ow)		Other (s	specify	
C/O ALLOVIR, INC.						4 If Amondment Date of Original Filed (Manth/Day/)									6. Individual or Joint/Group Filing (Check Applicable					
1100 WINTER STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	Line)					
,											X Form filed by One Reporting Person									
(Street)	Street) WALTHAM MA 02451														Form filed by More than One Reporting Person					
					Rule 10b5-1(c) Transaction Indication															
(City)	(C)	oto) (-	7im\		Kuik	Mule 1000-1(c) Halisaction indication														
(City)	(City) (State) (Zip)				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	l - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or	r Ben	eficia	ally Ov	/ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			oate,	Transaction Code (Instr. 8) 4. Securitie Disposed (5) 5)			es Ac Of (D)	cquired)) (Instr.	(A) or . 3, 4 an	d Secu Bend Own	nount of irities eficially ed owing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	()	(A) or (D)	Price	Tran	orted saction(s) r. 3 and 4)				
Common Stock 05/11/20						.023			A		35,000(1	(1) A		\$0.0	0	35,000		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., pu	ts, cai	ıs, v	varra	ants,	option	ıs, c	convertib	ole s	secui	rities						
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities uired or osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f g	3. Price of Derivative Security (Instr. 5)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nur of	ount mber ares						

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 (the "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) May 11, 2024 and (ii) the next annual meeting of the Issuer's stockholders.

Remarks:

<u>/s/ Brett Hagen, as Attorney-in-Fact</u>
** Signature of Reporting Person

05/12/2023

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.