FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
ı											
l	OMB Number: 3235-03										
l	Estimated average burden										
l	hours per response	: 0.5									

	Check this box if no longer subject
\neg	to Section 16. Form 4 or Form 5
_	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(b) of the Investment Company Act of 1940

					1		- () -		TIVESTITICI		1 7			_							
Name and Address of Reporting Person* Tomasello Shawn					2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ALVR]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
TOTHOSCHO SHOWII						. = 1								_ -	X Direc	ctor	tor 10%		vner		
(Last)	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023										Officer (give title below)		Other (sp below)			
C/O ALLOVIR, INC.					4 If Δι	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 11	6. Individual or Joint/Group Filing (Check Applicable						
1100 WINTER STREET					4. II Americinent, Date of Original Filed (Month/Ddy/Teal)								Line)								
TIOU WINTER OTHER															X Form filed by One Reporting Person						
(Street) WALTHAM MA 02451													Form filed by More than One Reporting Person								
VVILLIII	/ 1 1 		2431	.701		Dulo 10hE 1(a) Transportion Indication															
					Rule 10b5-1(c) Transaction Indication																
(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	I - No	n-Deriva	tive S	ecur	ities <i>l</i>	\c q	uired,	Dis	posed of	f, or	Ben	eficia	lly Owi	ned					
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				Execution Date,						ies Acquired (A) Of (D) (Instr. 3,			Secur Benef Owner	icially d ving	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		Price		ted action(s) 3 and 4)						
Common Stock 05/11/20						:023			A		35,000(1	(1) A		\$0.00) 3	5,000	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)	e of 2. 3. Transaction Additive Conversion Date Execution Date, if any		ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5)	tive ties ed ed	6. Date E Expiration (Month/I	on Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owr Forr Dire or Ir (I) (I	nership n: ct (D) ndirect nstr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A) (D)	Date Exercisable		Expiration Date	Title	or Nui 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:

/s/ Brett Hagen, as Attorneyin-Fact

05/12/2023

** 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.