SEC Form 4	
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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	: 0.5							

Instruction 1(b).		iled pursuant to Section 16(a) of the Securities Exchange Act of 193	nours per response: 0.5			
		or Section 30(h) of the Investment Company Act of 1940				
1. Name and Address of Repor <u>Atillasoy Ercem</u>	ting Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Allovir, Inc.</u> [ ALVR ] 	(Check all applical Director	, 10% Owner	er	
(Last) (First) C/O ALLOVIR, INC. 1100 WINTER STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/19/2022	below)	below) See Remarks		
(Street) WALTHAM MA (City) (State)	02451 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed	nt/Group Filing (Check Applic d by One Reporting Person d by More than One Reportin		

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
				v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	10/19/2022		<b>S</b> <sup>(1)</sup>		568	D	<b>\$9.3607</b> <sup>(2)</sup>	132,899	D	
Common Stock	10/20/2022		<b>S</b> <sup>(1)</sup>		1,527	D	<b>\$</b> 8.4843 <sup>(3)</sup>	131,372	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	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, 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.

3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$8.40 to \$8.61. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.

## Remarks:

Officer Title: Chief Regulatory and Safety Officer

/s/ Brett Hagen, as Attorneyin-Fact <u>1(</u>

10/24/2022

\*\* 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.