FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

## MENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 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*  Projected Disease           |                                                                       |                                            |                |                                              |                | 2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ ALVR ] |                                               |                                                                                                                   |              |                              |                    |               |                                                                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                            |                                                                                                                     |                                      |                                                                          |                                                                    |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------|----------------------------------------------|----------------|--------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------|------------------------------|--------------------|---------------|--------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| Brainard Diana                                                     |                                                                       |                                            |                |                                              | 1              | ZHOYH, IIC. [ MEYK ]                                               |                                               |                                                                                                                   |              |                              |                    |               |                                                                    | X                                                                       | Direc                                      | tor                                                                                                                 |                                      | 10% O                                                                    | wner                                                               |  |
| (Last)                                                             | (Last) (First) (Middle)                                               |                                            |                |                                              |                |                                                                    | Date of Earliest Transaction (Month/Day/Year) |                                                                                                                   |              |                              |                    |               |                                                                    |                                                                         |                                            | Officer (give title below)                                                                                          |                                      | Other (<br>below)                                                        | specify                                                            |  |
| C/O ALLOVIR, INC.                                                  |                                                                       |                                            |                |                                              | 05/1           | 05/18/2022                                                         |                                               |                                                                                                                   |              |                              |                    |               |                                                                    |                                                                         | Chief Executive                            |                                                                                                                     |                                      | Officer                                                                  |                                                                    |  |
| 1100 WINTER STREET                                                 |                                                                       |                                            |                |                                              |                |                                                                    |                                               |                                                                                                                   |              |                              |                    |               |                                                                    |                                                                         |                                            |                                                                                                                     |                                      |                                                                          |                                                                    |  |
|                                                                    |                                                                       |                                            |                |                                              |                | 4. If Amendment, Date of Original Filed (Month/Day/Year)           |                                               |                                                                                                                   |              |                              |                    |               |                                                                    | 6. Individual or Joint/Group Filing (Check Applicable                   |                                            |                                                                                                                     |                                      |                                                                          |                                                                    |  |
| (Street)                                                           |                                                                       |                                            | 0.454          |                                              |                |                                                                    |                                               |                                                                                                                   |              |                              |                    |               | ا                                                                  | X Form filed by One Reporting Person                                    |                                            |                                                                                                                     |                                      |                                                                          | on                                                                 |  |
| WALTH                                                              | AM M                                                                  | A 0                                        | 2451           |                                              |                |                                                                    |                                               |                                                                                                                   |              |                              |                    |               |                                                                    |                                                                         | Form filed by More than One Reporting      |                                                                                                                     |                                      |                                                                          |                                                                    |  |
| (City)                                                             | (St                                                                   | ate) (ž                                    | Zip)           |                                              |                |                                                                    |                                               |                                                                                                                   |              |                              |                    |               |                                                                    |                                                                         | Perso                                      | on                                                                                                                  |                                      |                                                                          |                                                                    |  |
| (City)                                                             | (30                                                                   |                                            |                |                                              |                |                                                                    |                                               |                                                                                                                   |              |                              |                    |               |                                                                    |                                                                         |                                            |                                                                                                                     |                                      |                                                                          |                                                                    |  |
|                                                                    |                                                                       | Table                                      | I - N          | lon-Deriva                                   | tive S         | 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/Ye |                                                                       |                                            |                | Year)   i                                    | Execution Date |                                                                    |                                               | Transaction Disposed Code (Instr.                                                                                 |              | 4. Securities<br>Disposed Of |                    |               | and 5) Securi<br>Benefi<br>Owned<br>Repor<br>Transa                |                                                                         | ities Fo<br>icially (D)<br>d Following (I) |                                                                                                                     | n: Direct<br>or Indirect<br>ostr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |                                                                    |  |
|                                                                    |                                                                       |                                            |                |                                              |                |                                                                    |                                               |                                                                                                                   | Code         | v                            | Amount             | (A) or<br>(D) |                                                                    |                                                                         | Price                                      | ted<br>action(s)<br>3 and 4)                                                                                        |                                      |                                                                          |                                                                    |  |
| Common Stock 05/18/202                                             |                                                                       |                                            |                | )22                                          |                |                                                                    |                                               | S <sup>(1)</sup>                                                                                                  |              | 29,135                       | D                  | \$4.333       | 335(2)                                                             |                                                                         | 192,165                                    |                                                                                                                     | D                                    |                                                                          |                                                                    |  |
|                                                                    |                                                                       | Tal                                        | ole II         | l - Derivati                                 | ive Se         | ecurit                                                             | ties /                                        | Acq                                                                                                               | uired        | , Dis                        | oosed of,          | or Be         | neficia                                                            | lly (                                                                   | Owne                                       | d                                                                                                                   |                                      |                                                                          |                                                                    |  |
|                                                                    |                                                                       |                                            |                | (e.g., pı                                    | ıts, ca        | alls, v                                                            | varra                                         | ants                                                                                                              | , opti       | ions,                        | convertib          | le se         | curities                                                           | s)                                                                      |                                            |                                                                                                                     |                                      |                                                                          |                                                                    |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Exec<br>if any | Deemed<br>cution Date,<br>y<br>tth/Day/Year) |                | Transaction<br>Code (Instr.                                        |                                               | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |              | Expiration Date              |                    |               | e and<br>int of<br>rities<br>rlying<br>ative<br>rity (Instr.<br>4) | Der<br>Sec                                                              | rice of<br>ivative<br>urity<br>tr. 5)      | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | y                                    | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|                                                                    |                                                                       |                                            |                |                                              | Code           | v                                                                  | (A)                                           | (D)                                                                                                               | Date<br>Exer | cisable                      | Expiration<br>Date | Title         | Amount<br>or<br>Number<br>of<br>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 \$4.19 to \$4.63. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.

## Remarks:

/s/ Brett Hagen, as Attorney-

in-Fact

05/23/2022 \*\* 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.