Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
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STATEMENT	OF	CHANGES	IN	BENEFICIA	OW	/NERS	HIP

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

	e conditions of ee Instruction																		
Name and Address of Reporting Person*     Miller Edward					2. Issuer Name <b>and</b> Ticker or Trading Symbol Allovir, Inc. [ ALVR ]								Ched	k all app Direc	licable) tor	Ü	10% C	)wner	
(Last) (First) (Middle) C/O ALLOVIR, INC. P.O. BOX 44, 1661 MASSACHUSETTS AVE.						3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025								7	below	er (give title v) Genera		below)	(specify
(Street) LEXING			242( Zip)	0	4. lf	Amend	Iment, [	Date (	of Ori	ginal F	Filed (Month/l	Day/Yea		6. Ind _ine)	Form	filed by O	ne Rep	ng (Check A porting Per an One Rep	son
(Oity)	(0	, ,		Non-Deriva	ative	Secu	rities	Acc	auire	ed. D	)isposed	of. or	Benefic	ciall	v Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			n 2 Ear) if	2A. Deemed Execution Date,		, 3 T	3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3,			d (A) or		5. Amou Securiti Benefic Owned	5. Amount of Securities Beneficially		: Direct   I r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							c	Code	v	Amount	(A) or (D)	Price		Transac	nsaction(s) etr. 3 and 4)		,		
Common Stock 01/10/202			2.5				<b>S</b> <sup>(1)</sup>		409	D	\$0.440	1(2)	153	3,541		D			
Common	Stock														346	5,348			See footnote <sup>(</sup>
		Tal	ble I	II - Derivat (e.g., ρι							sposed of s, convert				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year)   Execution Date, if any				action (Instr.	of		Exp (Mo	Expiration Date Month/Day/Year)		Amo Secu Und Deri	tle and bunt of urities erlying vative urity (Instr. d 4)	De Se (In	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Benefic Owners (Instr. 4	
					Code	v	(A)	(D)	Date	e ercisab	Expiratio		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. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$0.44 to \$0.462. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- 3. Shares held by The Miller Family 2019 Irrevocable Dynasty Trust. 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.

/s/ Brett Hagen, as Attorney-

01/13/2025

\*\* 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.