FORM 4

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

shington,	D.C.	20549		

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0.5

hours per response:

Check this box if no longer subject 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(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Bornstein Jeffrey S			2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ ALVR ]										k all app Direc	tionship of Reportir all applicable) Director		10% Ov	ner		
(Last)	(Fir	est) (N	t) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									Office	er (give title /)		Other (s below)	specify
C/O ALLOVIR, INC.			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
1100 WINTER STREET													Line)  Form filed by One Reporting Person						
(Street)	AM M	<b>A</b> 0	2451													filed by Mo		•	
WALIH.	AIVI IVI	A U	02451			Rule 10b5-1(c) Transaction Indication													
(City)	(Sta	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is interesting the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							n that is inter	nded to						
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	3enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		Date,	3. Transaction Disposed Of (D) (Instr. 3, 5)				, 4 and Secur Benef Owne		rities Fricially (I d Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D) Pri		ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 06/			06/06/2	2024				A		35,000(1	) 1	<b>A</b> \$	0.00	11	0,197		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		nsaction de (Instr.  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					

## **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. 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) June 6, 2025 and (ii) the next annual meeting of the Issuer's stockholders, subject to the Reporting Person's continued service on the Issuer's Board of Directors.

/s/ Brett Hagen, as Attorney-

06/07/2024

in-Fact

\*\* 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.