FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasinigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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* <u>Piccina Cintia</u>					2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ALVR] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify								vner							
(Last)	(F LOVIR, IN	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023							X	below)	Officer (give title below) Chief Comme		below)			
1100 WINTER STREET					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	AM M	IA	02451										X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	(State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ct, instructior 10.	n or written	plan tha	at is intended	to					
		Tal	ole I - No	n-Deri	vative	e Se	ecuritie	s Ac	quired, l	Dis	posed o	of, or	Bene	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		3. Transaction Code (Instr.) 8) 4. Securities Acquire Disposed Of (D) (Instr.)				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount		A) or D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common Stock 07/03/2					3/2023				A		147,00	0(1)	A	\$0.00	50.00 147,000			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr. 8)		n Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				С	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or No	mount umber Shares		(Instr. 4)				
Stock Option (Right to Buy)	\$3.24	07/03/2023		A		273,000		(2)	0	7/03/2033	Commo Stock		73,000	\$0.00	273,000		D			

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. 25% of the RSUs shall vest on June 12, 2024, with the remainder vesting in twelve equal quarterly installments thereafter.
- 2. 25% of this option shall vest and become exercisable on June 12, 2024, with the remainder vesting in twelve equal quarterly installments thereafter.

Remarks:

/s/ Brett Hagen, as Attorney-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.