FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
\neg	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

					01 300	tion	0(11) 01 1116	IIIVESTIII	ciii Ci	ompany Act o	JI 1940								
1. Name and Address of Reporting Person* Brainard Diana						2. Issuer Name and Ticker or Trading Symbol Allovir, Inc. [ALVR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ומווומועב	u Diuila									X Director		tor		10% O	wner				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							X Officer (give title below)				Other (below)	specify	
C/O ALLOVIR, INC.						05/18/2023								Chief Executive Officer					
1100 WINTER STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Ctroot)														X Form filed by One Reporting Person					
, ,	(Street) WALTHAM MA 02451				Form filed by More than One Person									an One Rep	orting				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	l - N	on-Deriva	tive S	ecur	ities Ac	quired	, Dis	sposed o	f, or E	Benefic	ially	owr	ned				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y					Executi Year) if any		emed ion Date, /Day/Year)				es Acquired (A) Of (D) (Instr. 3,			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price		Transa	eported ransaction(s) nstr. 3 and 4)						
Common Stock 05/18/202						123		S ⁽¹⁾		4,536	D	\$4.21	.4 ⁽²⁾ 916,628		6,628		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)	ative Conversion Date Execution Date or Exercise (Month/Day/Year) if any		cution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		Deri Sec	rice of vative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A) (D)	Date Exerci	Date Expiration o		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. 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 \$4.04 to \$4.34. 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 Attorneyin-<u>Fact</u>

05/19/2023

** 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.