FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

1. Name a	nd Address of	Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer								
Brainard Diana						Allovir, Inc. [ALVR]							(Check X	all app Direc	olicable) tor		10% Ov	_{vner}
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							-	X		er (give title		Other (s		
C/O ALLOVIR, INC.					07/05/2023									Chief Executive Office					
1100 WINTER STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X	X Form filed by One Reporting Person				
WALTHAM MA 02451				1										Form filed by More than One Reporting Person					orting
(City) (State) (Zip)						e 10)b5-	-1(c) Tra	nsa	ction Inc	dicati	on						
						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	I - N	Ion-Deriva	tive S	ecui	rities	S Ac	quire	d, Di	sposed o	f, or E	Benefic	cially	/ Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution (ear) if any		on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Secu Bene Owne Follo		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Repor Trans (Instr.		ted action(s) 3 and 4)	ľ		
Common Stock 07/05/202						23					5,275	D	\$3.04	451 ⁽²⁾ 9:		5,641 ⁽³⁾		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)	vative Conversion Date Execution urity or Exercise (Month/Day/Year) if any			cution Date,	4. Transactic Code (Ins				Expira (Mont	ation l	rcisable and Date //Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		8. Price Derivati Security (Instr. 5		ive derivative y Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	1					

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 \$2.96 to \$3.15. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- 3. Includes 4,288 shares acquired under the Allovir, Inc. 2020 Employee Stock Purchase Plan on June 30, 2023.

Remarks:

/s/ Brett Hagen, as Attorney-

07/06/2023

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.