FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)
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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

OMB	APPROVAL

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

	ess of Reporting Pers	on [*]	2. Issuer Name and Ticker or Trading Symbol Allovir, Inc.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>Sinha Vikas</u>				X	Director	10% Owner		
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)	x	Officer (give title below)	Other (specify below)		
C/O ALLOVIR, INC.			08/16/2022	See Remarks				
1100 WINTER STREET								
			4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group Filing	(Check Applicable		
(Street)				Line)				
WALTHAM	MA	02451		X	Form filed by One Repo	rting Person		
					Form filed by More than Person	One Reporting		
(City)	(State)	(Zip)			reison			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3.4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)2. Transaction (Month/Day/Year)Code (Instr. 8)5.		3, 4 and Securities 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 Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	08/16/2022		A		100,000(1)	Α	\$0.00	1,038,224	D	
Common Stock								16,674,766	Ι	By ElevateBio LLC ⁽²⁾

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)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe	erivative (Month/Day/Year) ccurities ; quired) or sposed (D) str. 3, 4		xpiration Date Amount of Month/Day/Year) Securities		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 Exercisable	Expiration Date	Title	Amount or Number of Shares				

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 August 16, 2023, with the remainder vesting in twelve equal quarterly installments thereafter.

2. Shares held by ElevateBio. The Reporting Person is a director and Chief Financial Officer of ElevateBio, and may be deemed to have shared voting and investment power of the shares held by ElevateBio. 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.

Remarks:

Officer Title: President and Chief Financial Officer

	/s/	Brett	Hagen	, as A	Attorney-
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in-Fact

08/17/2022

** 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.