FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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).

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* Tomasi Adam | | | | | | 2. Issuer Name and Ticker or Trading Symbol Allakos Inc. [ALLK] | | | | | | | | Ched | ck all app Direc | , | | 10% | Issuer Owner (specify |
|--|--|---------|--------|-----------|---|---|--|-----------------------|----------------|------------------------------|--|---------------------------|---|--|---------------------|--|---|---|---------------------------------------|
| (Last) (First) (Middle) 975 ISLAND DRIVE, SUITE 201 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2022 | | | | | | | | X below) below) President and COO | | | | | |
| (Street) REDWC | OOD CA | Δ 9 | 4065 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | rson |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secur | rities | Acc | uired | l, Dis | posed of | , or B | enefic | iall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | and Securitie Benefici | | es ally Following | Form | : Direct Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trancac | | tion(s) | | | (111501.4) |
| Common Stock 03/02/20 | | | |)22 | | | | F | | 5,582(1) | D | \$5. | 38 | 569,108 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 3,9 | ,953 ⁽²⁾ | | I | See footnote ⁽³⁾ |
| 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 Date urity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of | r osed (1. 3, 4 | Expira | e Exerc ation D h/Day/ | Year) Securities Underlying Derivative Security (Ir 3 and 4) | | nt of ities lying itive ity (Instr. 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- $1. \ Shares \ withheld \ to \ satisfy \ the \ tax \ obligations \ by \ the \ Reporting \ Person \ in \ connection \ with \ the \ vesting \ of \ RSUs.$
- 2. Includes 3,953 shares received as a pro-rata in-kind distribution of Common Stock of the Issuer by Alta Partners Management VIII, LLC (APM VIII), without consideration, to the reporting person as a non-managing member of APM VIII.
- 3. The shares are held by Mr. Tomasi and Carrie Tomasi, as Trustees of the Tomasi Living Trust dated July 14, 2017.

Remarks:

/s/ Adam Tomasi

03/03/2022

** 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.