FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20	0549	

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

1(c). S	ee Instruction	10.																			
1. Name and Address of Reporting Person* Alexander Robert				2. Issuer Name and Ticker or Trading Symbol Allakos Inc. [ALLK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Alexander Robert													V	_				Owner			
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Officer (give title Other (specify below)					ify		
825 INDUSTRIAL ROAD, SUITE 500				12/0	12/05/2024 Chief Executive Officer																
(Street)					4. If /	Amend	ment,	Date o	of Origi	nal File	ed (Month/Da	y/Year)		6. Ind Line)		Joint/Gro	up Filir	ng (Check	Applica	able	
SAN CA	RLOS CA	A 9	4070											V	Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(St	tate) (Z	Zip)												Perso		ore are	an One re	porting	, <u> </u>	
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quired	d, Dis	posed of	, or B	enefi	cial	ly 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)							es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) o (D)	r Pric	е	Transact (Instr. 3	tion(s)			(instr. 2	4)	
Common Stock 12/05/20)24			F		32,466(1)	D	\$1	.1	769,474		D							
Common Stock														320	,300		I	See footne	ote ⁽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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	p of I Ber Ow t (Ins	Nature Indirect neficial vnership str. 4)	
		Code	V	(A)	(D)	Date	isable	Expiration Date	Title	Amour or Number of Shares	r										

Explanation of Responses:

- 1. Shares sold to satisfy the tax withholding obligations by the Reporting Person in connection with the vesting of RSUs.
- 2. The shares are held by Mr. Alexander and Stacey Lee Alexander, as Trustees of the Alexander 2018 Irrevocable Descendants' Trust.

/s/ H. Baird Radford, III, by power of attorney

12/06/2024

** 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.