FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OIVIB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | urden | | | | | | | |
| 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] | | | | | | | | 5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Owr Officer (give title Other (sp | | | | | Owner | |
|--|--|-----|--------|---|-------------------------------|---|----------------|--|---|--|--|---------------|--|--|---|--|--|---|---|--|
| (Last) (First) (Middle) 825 INDUSTRIAL ROAD, SUITE 500 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2022 | | | | | | | | X Officer (give title Other (specify below) below) President and COO | | | | | | |
| (Street) SAN CARLOS CA 94070 | | | | | 4. If <i>i</i> | 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 | | | | | | |
| (Oity) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | on 2A. Deemed Execution Date, | | 3. 4. Securit | | 4. Securities Disposed Of | s Acquired (A) or of (D) (Instr. 3, 4 and | | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price | _ т | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 12/02/20 | | | | |)22 | | | F | | 9,783(1) | D | \$8. | 11 | 548,737 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | 3,953(2) | | | | | See footnote ⁽³⁾ | |
| | | Tal | ole II | | | | | | | | osed of, convertib | | | | Owned | t | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any | | | | | Transaction of Code (Instr. Derivativ | | vative rities rired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) Secur Under Derivation | | | | nt of ities lying ative ity (Instr | Deriv Secu (Inst | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | |
| | Co | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | | | | |

Explanation of Responses:

- 1. Shares sold to satisfy the tax withholding 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/ H. Baird Radford, III, by power of attorney

** Signature of Reporting Person Date

12/05/2022

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.