FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	ourden							
houre 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 10b5-1(c). See Instruction 10.

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*				2. Issuer Name and Ticker or Trading Symbol Allakos Inc. ALLK  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																
<u>Lee Chin Hyok</u>				1211	Allakus IIIC. [ ALLK ]								Direc	tor	10% Owner		vner			
					2.00									E	Officer (give title below)			other (s	specify	
(Last)	(F	First) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								Chief Medical Officer							
825 IND	USTRIAI	ROAD, SUITE	500		12/07/2027									Cilier Wedicar Officer						
					4 If Amandment Date of Original Filed (Manth/Day/Year) C. Individual or Injut/Crown Filing (Chaele Amalianh)									nnlicable						
(Street)					4. " /	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
SAN CA	RLOS C	'A 9	4070											,	Form filed by One Reporting Person					
-														Form filed by More than One Reporting						
(City)	(5	State) (2	Zip)												Perso	on				
		Table	I - No	n-Deriva	tivo 9	Sacu	ritios	Δςα	uirad	Die	posed of	or F	Rono	ficial	ly Own	od				
			1 - 140	1		Т			1	D13		-			1			[		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			A) or , 4 and	5. Amo Securit Benefic	ties	6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect irect	7. Nature of Indirect Beneficial Ownership						
				(months buy rous)		, , ,	,		Amount (A) or		<b>ar</b>		Reported Transaction(s)		(., (		(Instr. 4)			
								Code	\ \	Amount	(A)	01	Price		3 and 4)					
Common Stock 12/04/2				2024		F		10,634 <sup>(1)</sup> D		)	\$1.13	275,046		D						
		Та	ble II -								osed of,				Owne	d	,			
				(e.g., pu	its, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curi	ties)						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				nsaction de (Instr. 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)		S (	. Price of lerivative lecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direct or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code	v	(A)	(D)	Date Expiration Exercisable Date			Title	Amo or Num of Shar	ber								

## Explanation of Responses:

 $1. \ Shares \ sold \ to \ satisfy \ the \ tax \ withholding \ obligations \ by \ the \ Reporting \ Person \ in \ connection \ with \ the \ vesting \ of \ RSUs.$ 

/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.