FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| | │ OMB APPROVAL | |

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| OMB Number: | 3235-0287 | | | | | | | |
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| hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ì | Section 16. Form 4 or Form 5 obligations may continue. See |
| J | |
| | Instruction 1/h) |

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. 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 Issuer (Check all applicable) Director 10% Owner (Check Check Che | | | | ner | |
|---|--|---------------------|---|-----------------|---|--------------------------------------|------|--|--------------------|--|--|--|---|---|--|--|--|
| (Last) (First) (Middle) 825 INDUSTRIAL ROAD, SUITE 500 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2024 | | | | | | | X Officer (give title Other (specify below) President | | | | | |
| (Street) SAN CARLOS CA 94070 | | | | | 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 | | | | | |
| (City) | (\$ | State) | (Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | atisfy the | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | e, Transaction Disposed Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and 5) | | 5. Amount Securities Beneficiall Owned Fol | у | Form: | Direct Ir Indirect B tr. 4) | 7. Nature of ndirect Beneficial Ownership Instr. 4) | | | |
| | | | | | | | Code | Amount | (A) (D) | Price | Reported Transactio (Instr. 3 an | | | " | nstr. 4) | | |
| | 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 | se (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporte | ve es ally ng d | 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 | | Transaction(s) (Instr. 4) | | | | |
| Stock Option (Right to buy) | \$1.25 | 02/16/2024 | | A | | 1,200,000 | | (1) | 02/16/2034 | Common Stock | 1,200,000 | \$0.00 | 1,200,000 | | D | | |

Explanation of Responses:

1. The option was granted on February 16, 2024. The option vests as to one-fourth of the shares on February 16, 2025, and one forty-eighth of the shares vest each month thereafter, subject to the Reporting Person continuing as a service provider through each such date.

Remarks:

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

02/21/2024

** 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.