FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | e: 0.5 | | | | | | | |

| | Check this box if no longer subjec |
|--------|------------------------------------|
| | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

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* MESSEMER DEBORAH M. | | | | | 2. Issuer Name and Ticker or Trading Symbol Allogene Therapeutics, Inc. [ALLO] | | | | | | | | (Cl | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) X Director 10% Own | | | | | |
|---|--|--------------|---------|--|--|---|--|---------|-------------------|--|--|---|-------------------------------------|--|--|---|---|--|---------|
| (Last) | (Fi | st) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023 | | | | | | | | | | Offic belov | er (give title v) | | Other (s | specify |
| 210 EAST GRAND AVENUE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) SOUTH FRANCE | () | A 9 | 94080 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | 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. | | | | | | | | | | | | | |
| | | Table | l - Noi | n-Deriva | tive S | ecui | rities | Acq | uired, [| Disp | osed of | , or | Ben | efici | ally Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Executy/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | | | ties Acquired (a d Of (D) (Instr. 3 | | | Securi Benefi Owned Follow | 5. Amount of Securities Beneficially Owned Following | | : Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | () (I | A) or D) | Price | | rted action(s) 3 and 4) | | | |
| Common | Stock | | | 06/13/2 | 2023 | | | | A | | 74,561 | 1 A \$ | | \$0 | 81,096 | | D | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative irities ired r osed) r. 3, 4 | es d | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | f g | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: y Direct (I or Indire (I) (Instr | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount mber ires | | | | | |

Explanation of Responses:

Remarks:

/s/Lillian Smith, Attorney-in-

06/15/2023

Fact

** 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).
- $^{\star\star} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 ff(a).$

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.