FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, E	D.C. 20549
---------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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)

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* Amado Rafael					2. Issuer Name and Ticker or Trading Symbol Allogene Therapeutics, Inc. [ALLO]									Check	tionship of Reporti all applicable) Director Officer (give title		ng Person(s) to Is 10% O Other (s		wner
(Last) (First) (Middle) 210 EAST GRAND AVE			3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020									X	belov E	,	below) D and CMO				
(Street) SOUTH FRANCI	$C\Delta$ 94080			4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	ate) (Z	Zip)																
		Table	I - I	Non-Deriva	tive	Secui	rities	Ac	quir	ed, Di	isposed (of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes			ear) if	2A. Deemed Execution Date, if any (Month/Day/Year		· ;	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Secui Benet		icially d Following	Forn (D) c	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							- (Code	v	Amount	(A) or (D)	Price		Transa	nsaction(s) tr. 3 and 4)		4)	(msu. 4)	
Common Stock 10/01/2020			20			S ⁽¹⁾		9,752	D	D \$36.3681 ⁽²⁾		(2) 128,215(3)			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)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) if any (Month/Day/Year) tive			sansaction of Derivative Securitie Acquirec (A) or Disposer of (D) (Instr. 3, and 5)		ative rities ired sed	Expiration Date (Month/Day/Year)			Amo Secu Undo Deri Secu 3 an	Amount or Number of	nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Represents the number of shares sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted stock units. This sale is mandated by the Issuer's election under its equity incentive plan to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$36.20 to \$36.74, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.
- 3. Includes 863 and 1,142 shares of the Issuer's common stock acquired by the reporting person on March 13, 2020 and September 15, 2020, respectively, pursuant to an employee stock purchase program.

Remarks:

Veer Bhavnagri as attorney-in-10/02/2020 fact for Rafael Amado

** 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.