FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549

CTATEMENT	$\Delta$	CHANCEC	IN DE	VIELICIAI	OWNIEDCLIID
SIAIEMENI	OF.	CHANGES		NEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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*     Douglas Earl Martin					2. Issuer Name <b>and</b> Ticker or Trading Symbol Allogene Therapeutics, Inc. [ ALLO ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Dougia	S Laii wie	11 (111				Ŭ		-							Director			10% Ow	· I
(Last)	,	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/14/2023										below)	give title ENERAL	, COI	Other (s below)	pecify
210 EAS	T GRAND	AVE			L													J11022	
					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X		ad by One	Dono	rting Person	
SOUTH	SAN		0.4000											^				-	
FRANC	ISCO		94080												Person	ea by Mor	e tnan	One Report	ing
(City)	(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 the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									is intended to	o satisfy									
		Та	ble I - Noi	n-Der	ivativ	ve S	ecuritie	s Ac	quired,	Dis	posed o	of, or B	enet	icially	Owned				
1. Title of	Security (Inst	tr. 3)		2. Trai	nsactio											. Nature of			
	, ,	•		Date	h/Day/Year)		Execution Date, if any		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		4 and 5)	Securities Beneficia			(D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership	
				(IVIOIIL	iiiDayii	tai)	(Month/Day/Year							Owned Fo	Owned Following				
										Amount (A) or			Reported			19	(Instr. 4)		
						Code V Amount (A) Or (D)		Price	Transaction(s) (Instr. 3 and 4)										
Common Stock 08/1				14/20	4/2023		A		108,958 <sup>(1)</sup> A		\$ <mark>0</mark>	108,958			D				
Common Stock 08/1-			14/20	4/2023 A 326,876		76	A	\$ <mark>0</mark>	435,834			D							
			Table II -												Owned				
				(e.g.,	puts	, cal	ls, warr	ants	, option	s, c	onverti	ble sec	uriti	ies)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution D			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e s I (A) sed str.	6. Date Exercise Expiration Date (Month/Day/Yea		of Securities		curity	8. Price of Derivative Security (Instr. 5)		e Ownersi s Form: ully Direct (Dor Indirect) (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
													An	nount		(Instr. 4)	` '		
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	Nu	mber Shares					
Stock Option (Right to	\$4.13	08/14/2023			A		960,854		(2)	0	8/14/2033	Commo Stock	n 96	60,854	\$0	960,85	),854 D		
Buy)												JUCK							

## **Explanation of Responses:**

1. Constitutes Performance Restricted Stock Units ("PRSUs") for which the Reporting Person is entitled to receive one (1) share of Common Stock for each PRSU upon vesting, 50% shall vest in the event the Company achieves a 30-day weighted average share price of \$18 on or before March 22, 2026 and 50% shall vest upon the first marketing approval of a Company product by the US FDA on or before March 22, 2028.

2. 25% of the shares subject to the stock option shall vest on August 14, 2024, and the remaining shares shall vest in 36 equal monthly installments thereafter.

## Remarks:

/s/Earl Douglas

\*\* Signature of Reporting Person Date

08/17/2023

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.