FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Check this box if no longer subject to	ON TEMELT OF OUNTIONS IN DEITE TO THE OWNER OF THE
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	Filed purpuent to Coation 16(a) of the Cogurities Evolution Act of 1024

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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* Bhavnagri Veer						2. Issuer Name and Ticker or Trading Symbol Allogene Therapeutics, Inc. [ALLO]									tionship of Reporting Per all applicable) Director Officer (give title below)			rson(s) to Issuer 10% Owner Other (specify below)	
(Last) 210 EAS	(F ST GRAND	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/15/2021									General Counsel			,		
(Street) SOUTH FRANC	<i>C</i>	A	94080			4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivi ine) X	Form filed by More than One Repor				on
(City)	(S	tate)	(Zip)												Persor	1			
		Tab	le I - I	Non-Deri	vative	Sec	uriti	ies A	cquire	d, D	isposed o	of, or B	eneficia	ally (Owned	i			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		Date,	Code (In:					nd 5) Securi Benefi Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 09/15/20			021	21		M		5,000	A	\$2.2	2.27 4		426,669(1)		D				
Common Stock 09/15/202			021	21		S ⁽²⁾		5,000	D	\$24.768	589 ⁽³⁾ 42		21,669		D				
		7	able								sposed of , converti				wned			,	
Security (Instr. 3) or Exerc Price of Derivati	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year e of vative		Execution Date, if any		i. Transaction Code (Instr. I)		umber ivative urities uired or posed D) tr. 3, 4 5)	6. Date Exerc Expiration Da (Month/Day/)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares	r					
Stock Option (Right to Buy)	\$2.27	09/15/2021			M			5,000	(4)		06/25/2028	Commor Stock	5,000		\$0	112,300	0	D	

Explanation of Responses:

- $1.\ Includes\ 316\ shares\ of\ the\ Issuer's\ common\ stock\ acquired\ by\ the\ reporting\ person\ on\ September\ 15,\ 2021\ pursuant\ to\ an\ employee\ stock\ purchase\ program.$
- 2. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person in December 2020.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$24.64 to \$24.90, 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.
- 4. 25% of the shares subject to the stock option vested on April 6, 2019, and the remaining shares vest in 36 equal monthly installments thereafter.

Remarks:

Veer Bhavnagri

09/17/2021

** 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.