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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

## 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 <sup>*</sup> $\underline{Humer \ Franz \ B}$						2. Issuer Name and Ticker or Trading Symbol <u>Allogene Therapeutics, Inc.</u> [ ALLO ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023									Office below	er (give title v)		Other (s below)	specify		
210 EAST GRAND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SOUTH FRANC	CA 94080												X	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					<ul> <li>Rule 10b5-1(c) Transaction Indication</li> <li>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.</li> </ul>															
		Table	l - Noi	n-Deriva	tive Se	ecui	rities	Acq	uired,	Dis	osed of	f, or ∣	Bene	eficial	ly Owr	ned				
1. Title of Security (Instr. 3)       2. Transact Date (Month/Day)					y/Year) Exec		Deemed cution Date, y nth/Day/Year)					ies Acquired (A) Of (D) (Instr. 3,			5. Amo Securi Benefi Owneo Follow	cially 1	6. Owne Form: D (D) or Indirect (Instr. 4)	irect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D) P		Price		ted action(s) 3 and 4)	-				
Common Stock 06/13/2					2023			A		74,561		A	\$ <mark>0</mark>	26	6,453	D				
		Tab		Derivati (e.g., pu											Owne	d				
1. Title of Derivative Security (Instr. 3)			tion Date,	4. Transaction Code (Instr. 7) 8)		Secu Acqu (A) o Dispo of (D	ber Expirat (Month urities uired or oosed 0) r. 3, 4		xercisable and n Date ay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber						

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).

\*\* 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.