SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address Douglas Earl	2. Date of E Requiring S (Month/Day 08/14/202	Statement y/Year) <u>Allogene Therapeutics, Inc.</u> [ ALLO ]						
(Last) (First 210 EAST GRAN (Street) SOUTH SAN FRANCISCO (City) (Stat	94080			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) GENERAL CO	10% C Other below)	wner 6. (specify (C	led (Month/Day Individual or Jo Check Applicable X Form filed Person	int/Group Filing Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			i	2. Amount of Securities Beneficially Owned (Instr. 4)			. Nature of Indirect Beneficial Dwnership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		4. Conversior or Exercise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

**Remarks:** 

No securities are beneficially owned.

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/s/Lillian Smith, Attorney- 08/17/

08/17/2023

Date

\*\* Signature of Reporting Person

in-Fact

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 5 (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.