FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549
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<b>STATEMENT</b>	OF CHANG	SES IN BE	NEFICIAL	OWNERSHIP
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OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average	burden										
hours per response	e: 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

Name and Address of Reporting Person*     Smith Lillian			2. Issuer Name and Ticker or Trading Symbol Allogene Therapeutics, Inc. [ ALLO ]							eck all app Direc	ship of Reporting applicable) irector		10% O	wner					
(Last)	(Fi T GRAND	*	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2023							below	Officer (give title below)  VP, Corpora		Other (specification)  ate Counsel				
(Street) SOUTH SAN FRANCISCO CA 94080			4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Y Form								
(City)	(St	ate) (Z	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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							nded to							
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date		,	Transaction Disposed (Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4			Benefic Owned	ties Fo cially (D) I Following (I)		: Direct r Indirect str. 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 04/01				04/01/2	2023	023 04/03/2023 A 56,545 <sup>(1)</sup> A		\$ <mark>0</mark>	140,390			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  (Instr. 3)  3. Transaction Date (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		tive ties red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		(	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
		Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber								

## **Explanation of Responses:**

1. Represents performance RSUs which shall vest as follows: (1) 33% shall vest if the 30-day weighted average stock price is equal to or greater than \$18 and (2) 67% shall vest upon the first regulatory approval of a product candidate. Notwithstanding the foregoing (1) any portion that vests upon the stock price threshold shall no longer vest and be terminated on March 22nd, 2026 if such threshold has not been met, and (2) any portion that vests upon product candidate approval shall no longer vest and be terminated after March 22nd, 2028 if such approval has not occurred.

## Remarks:

/s/Lillian Smith

04/05/2023

\*\* 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.