FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* Parker Geoffrey M.				_ <u>A</u>	2. Issuer Name and Ticker or Trading Symbol Allogene Therapeutics, Inc. [ALLO]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) below)							
(Last) 210 EAS	(F T GRAND	irst) AVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/16/2023									CHIEF					
	Street) SOUTH SAN FRANCISCO 94080				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written p the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									lan that	is intended to	o satisfy				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execu Day/Year) if any		ZA. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispose Code (Instr.		ities Acquired (A) o d Of (D) (Instr. 3, 4 a				s lly ollowing	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount	(A) ((D)	Pr Pr	rice	Transacti (Instr. 3 a	ion(s)				
Common Stock 1				10/	/16/2023				A		400,000			\$ <mark>0</mark>	400,	0,000		D		
Common Stock 10/				10/	16/20	23			A		390,000 A ⁽¹⁾		1)	\$0	790,000		00 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	ate,	Code (Instr.		Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securi r) Underlyir		lying ative Security		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	Amou or Numb of Sh	ber		Transaction(s) (Instr. 4)		"		
Stock Option (Right to Buy)	\$3.24	10/16/2023		A			950,000		(2)	1	0/16/2033	Common Stock	950,	,000	\$0 950,00		00	D		

Explanation of Responses:

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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 October 16, 2024, and the remaining shares shall vest in 36 equal monthly installments thereafter.

Remarks:

/s/Earl Douglas, Attorney-in-10/17/2023 **Fact** ** Signature of Reporting Person

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.