

ALLAKOS INC.

Reported by LADD AMY L

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/30/23 for the Period Ending 05/25/23

Address 825 INDUSTRIAL ROAD

SUITE 500

SAN CARLOS, CA, 94070

Telephone 650-597-5002

CIK 0001564824

Symbol ALLK

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31



☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. 1	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Ladd Amy I	J					os Inc.					X Director		100	% Owner		
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)					Officer (give title below) Other (specify below)						
C/O ALLAI INDUSTRIA			E 500				5/2	5/2023								
II (DOSTINI)	(Str		2 300	4. 1	lf Ar	nendmer	it, Date C	Original F	iled (MM/E	DD/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)	
SAN CARL	OS, CA 9	94070									X Form filed b		ting Person One Reporting I	Person		
(1	City) (St	ate) (Zip	p)		Che	eck this b	ox to ind		a transact		ade pursuant to		*		ten plan	
			Table I - N								eficially Owne					
1. Title of Security (Instr. 3) 2. Trans. 1			rans. Date	Date 2A. Deemed Execution Date, if any 3. Trans. (Instr. 8)			or Disposed of (D)		. Amount of Securities Beneficially Owned ollowing Reported Transaction(s) (nstr. 3 and 4)			Ownership Form: Beneficia Direct (D) Ownershi	Beneficial Ownership			
							Code	V Am	ount (A) o	r Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
	Tal	ble II - Der	rivative Sec	curities	Ben	eficially	Owned ((<i>e.g.</i> , puts	s, calls, wa	arrants, oj	ptions, conver	tible secu	ırities)	•		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivativ		Securities (A) or of (D)	6. Date Exercisable and Expiration Date		7. Title and A Securities Uperivative S (Instr. 3 and	nderlying ecurity	derlying Derivative curity Security	9. Number of derivative Securities Beneficially Owned Following	Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Scourty			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect		
Stock Option (Right to buy)	\$4.81	5/25/2023		A		86,7	62	<u>(1)</u>	5/25/2033	Common Stock	86,762	\$0	86,762	D		

Explanation of Responses:

(1) The option vests as to 100% of the shares on the earlier of (i) the one-year anniversary of the date of grant or (ii) the date of the Issuer's next Annual Meeting of stockholders that occurs following the grant, subject to the Reporting Person continuing as a service provider through each such date.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ladd Amy L C/O ALLAKOS INC. 825 INDUSTRIAL ROAD, SUITE 500 SAN CARLOS, CA 94070	X						

Signatures

/s/ H. Baird Radford, III, by power of attorney

**Signature of Reporting Person

5/30/2023

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 control number.