| SEC For | m 4 | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---------|---|------------------|--|--------------------------------|---|---|--|--------------------|--|---|--|---|--|---|------------|
| | FORM | 4 | UNITED |) STA | TES | s se | | | ES AND | | | NGE | СОМІ | MIS | SION | | OMB | APPRO | VAL |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | NT OF CHANGES IN BENEFICIAL OWNERSH d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Nielsen Jack | | | | 2.1 | 2. Issuer Name and Ticker or Trading Symbol <u>Aligos Therapeutics, Inc.</u> [ALGS] | | | | | | | | | ationship o k all applio Directo | able) | eporting Person(s) to Issuer e) 10% Owner | | | |
| (Last) (First) (Middle) C/O ALIGOS THERAPEUTICS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021 | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| 1 CORPORATE DRIVE, 2ND FLOOR (Street) SOUTH SAN FRANCISCO CA 94080 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | , | (Zip) | | | | | | | | | <u> </u> | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D) | | | | action | ction 2A. Deemed Execution Date | | | , 3. Transacti Code (Ins | 4. Securit | curities Acquired (A) osed Of (D) (Instr. 3, | | | or 5. Amount 4 and Securities Beneficially Owned Foll | | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code V | ' | Amount | ount (A) or (D) | | e | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| | | - | | | | | | | uired, Dis 5, options | | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, T | ransa Code (| action Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | . Price of Derivative Security Instr. 5) | 9. Number derivative Securitie: Beneficia Owned Following Reported Transactii (Instr. 4) | e s dly g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | piration ite | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (Right to Buy) | \$26.58 | 06/17/2021 | | | A | | 15,000 | | (1) | 06/ | /17/2031 | Commor Stock | 15,00 | 00 | \$0.00 | 15,00 | 10 | D | |

Explanation of Responses:

1. The shares subject to the option will vest and become exercisable as to 100% of the total number of shares subject to the option on the earlier of the first anniversary of the grant date or the day prior to the annual meeting in 2022 of the Issuer's stockholders, assuming continuous service as a director until such vesting date.

| <u>/s/ Lucinda Y. Quan, as</u> | |
|-------------------------------------|------------|
| <u>attorney-in fact for Jack B.</u> | 06/17/2021 |
| <u>Nielsen</u> | |

** 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.