## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average	burden							
hours per response	. 0.5							

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	tion 10.																		
1. Name and Address of Reporting Person*  Calhoun Lesley Ann					2. Issuer Name and Ticker or Trading Symbol Aligos Therapeutics, Inc. [ ALGS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Cumou	<u> </u>										_			Directo	or (give title		10% Ow Other (s		
(1 +)	(5:		(M: d d) = )										_	below)		1	below)	pecily	
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								See Remarks					
C/O ALIGOS THERAPEUTICS, INC.				109/	09/04/2024														
1 CORPORATE DRIVE, 2ND FLOOR																			
(Street)				4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)						
SOUTH	<i>C</i> .	4	94080											▼ Form f	iled by One	Repo	rting Persor	ո	
FRANCISCO													Form filed by More than One Reporting Person						
(City)	(St	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,			Code (Instr.   5)				5. Amou Securitie Beneficia Owned F	s Form		n: Direct or Indirect E	7. Nature of Indirect Beneficial Ownership				
				(MOIIII/D		y/ I Ga	",   0,			1		- Reported	ı " ''	(1) (1115		(Instr. 4)			
						Code	V	Amount	ount (A) or P		(Instr. 3	ransaction(s) nstr. 3 and 4)							
		-	Гable II - D	Arivat	ivo	Saci	uritios	Λca	uired Di	enc	seed of	or Bone	oficially	Owned				1	
		!							, options					Owned					
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Numb	or	6. Date Exe	rcies	ahla and	7. Title an	d Amount	8. Price of	9. Number	of	10.	11. Nature	
Derivative Security (Instr. 3)	ivative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any		ate, Tr	Transaction Code (Instr.		of I		Expiration Date (Month/Day/Year) of Secur Underlyi Derivativ		of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
													Amount						
									<b> </b>	_			Number						
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shares						
Stock Option (Right to Buy)	\$11.74	09/04/2024			A		10,880		(1)	0	9/04/2034	Common Stock	10,880	\$0	10,880		D		

## Explanation of Responses:

1. 1/48th of the total number of shares vest in forty-eight (48) successive and equal monthly installments measured from September 4, 2024 (the "Vesting Commencement Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the fourth anniversary of the Vesting Commencement Date, subject to the Reporting Person's continued service through each vesting date.

## Remarks:

Chief Financial Officer

/s/ Lesley Ann Calhoun

09/06/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.