| FORM 4 | UNITED | STATES S | ECURITIES | | | E CC | MMIS | SION | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------|--------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------|--|--|--|--|
| | | Washington, D.C. 20549 | | | | | | OMB APPROVAL | | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | STATE | Filed pursuan | t to Section 16(a) c tion 30(h) of the Inv | f the Securitie | s Exchange Ac | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | |
| 1. Name and Address of Reporting Person Nuechterlein Carole | | 2. Issuer Name and Ticker or Trading Symbol Aligos Therapeutics, Inc. [ALGS] | | | | | | Reporting Person(s) to Issuer le) 10% Owner | | | | | | | |
| (Last) (First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2024 | | | | | | e title | Other (specify below) | | | | | |
| C/O ALIGOS THERAPEUTICS, INC. 1 CORPORATE DRIVE, 2ND FLOOR | | | 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 | | | | | | |
| (Street) SOUTH SAN | 0.4090 | | | | | | | Form filed b Person | by Mor | e than One Repo | orting | | | | |
| FRANCISCO CA | 94080 | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| (City) (State) | (Zip) | | 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. | | | | | | | | | | | | |
| т | able I - Non- | Derivative Se | ecurities Acqu | uired, Disp | osed of, or | ' Bene | ficially | Owned | | | | | | | |
| 1. Title of Security (Instr. 3) | 2. Transaction Date Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | Disposed Of (D) (Instr. 3, 4 and 5) Securitie: Beneficia Owned Fr Reported | | | 5. Amount of Securities Beneficially Owned Follow Reported Transaction (s | Ŭ | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |

| | | | | | | | | · _ · | | | | | Reported | - 1 | | · · | (Instr. 4) | |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------------------|---|----------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | 113U. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Security or E (Instr. 3) Pric Deri | 2. Conversion or Exercise Price of Derivative Security | 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) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisat | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | un(s) | | | |
| Stock Option (Right to Buy) | \$26.58 | 02/27/2024 | | D | | | 15,000 | 06/17/202 | 22 | 06/17/2031 | Common Stock | 15,000 | \$0 ⁽¹⁾ | 0 | | D | | |
| Stock Option (Right to Buy) | \$0.96 | 02/28/2024 | | A | | 4,411 | | (2) | (| 06/17/2031 | Common Stock | 4,411 | \$0 ⁽¹⁾ | 4,411 | | D | | |

Explanation of Responses:

1. On February 27, 2024, the issuer canceled, pursuant to the issuer's option exchange program, an option for 15,000 of the issuer's shares granted to the reporting person on June 17, 2021. In exchange, on February 28, 2024, the reporting person received a replacement option, for 4,411 shares, having an exercise price of \$0.96 per share.

2. The shares subject to the option will vest and become exercisable on the one year anniversary of the date of grant, subject to the reporting person's continued service with the issuer through such one year anniversary.

** 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.

SEC Form 4

/s/ Lesley Ann Calhoun, as attorney-in fact for Carole 02/28/2024 Nuechterlein Date