FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C.	20549
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## 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).

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*     Rosenthal Arnon			2. Issuer Name <b>and</b> Ticker or Trading Symbol Alector, Inc. [ ALEC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u> </u>	101	<u> </u>		_									X	Director			10% Ow	·	
(Last)	(=	iret\	(Middle)	_ <b> </b> _								X	X Officer (give title below)			Other (specify below)			
` ′	(Last) (First) (Middle) C/O ALECTOR, INC.				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020							Chief Executive Officer							
		T BLVD, SUIT	F 600		10/01/2020														
151 010	TER TOIL	TI BEVD, SCIII	L 000	_ L															
(Street) 4. If Am					. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
SOUTH	SAN C	Δ	0.4000										X Form filed by One Reporting Person						
FRANCI	SCO C	A	94080											Form filed by More than One Reporting					
				-										Person					
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa				ansactio	action 2A. Deemed 3. 4. Securities Acquired (A)							5. Amoun	it of 6. Ov		nership 7	. Nature of			
Date (Month/D				Year)	Execution if any	Date,	Code (Instr.		d Of (D) (Ins	str. 3, 4 an	Beneficia Owned Fo Reported		ally (D) or Following (I) (Ins tion(s)		or Indirect E	Indirect Beneficial Ownership (Instr. 4)			
			•	[	(Month/Da	ay/Year													
							Code	v	Amount	(A) o (D)					Price		,		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
											ble secu		_						
1. Title of 2. 3. Transaction 3A. Deemed 4.					5. Number of 6. Date Exercisable and 7. Title and Amo					Price of	9. Number of		10.	11. Nature					
Derivative   Conversion   Date   Execution Date, Security   or Exercise   (Month/Day/Year)   if any			if any	Code (li				Expiration Date of Securities (Month/Day/Year) Underlying				ıg	Derivative Security		derivative Securities		Form: Be	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day/Year)	8)	Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Derivative Secur (Instr. 3 and 4)					(lı	nstr. 5)	Beneficially Owned	ly	Direct (D) or Indirect	Ownership (Instr. 4)	
	Security									•			Following Reported		(I) (Instr. 4)				
								Amount	$\dashv$		Transaction(s) (Instr. 4)								
								Date		xpiration		or Number			,				
				Code	v	(A)	(D)	Exercisal		ate	Title	of Share	s						
Stock Option											Common								
(right to	\$10.24	10/01/2020		A		457,038		(1)	0	9/30/2030	Common Stock	457,03	8	\$0.00	457,038	В	D		
buy)							Ш												

## **Explanation of Responses:**

1. One forty-eighth (1/48th) of the shares subject to the option shall vest on the one month anniversary of October 1, 2020 (the "Vesting Commencement Date"), and one forty-eighth (1/48th) of the shares shall vest each month thereafter on the same day of the month), subject to the Reporting Person continuing to be a service provider to the Issuer through each such date.

## Remarks:

10/05/2020 /s/ Calvin Yu, attorney-in-fact

\*\* 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.