FORM 4

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

Washington, D.C. 20549

wasnington,	D.C.	20549	

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL								
- 1									
	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*  Person that Amount			2. Issuer Name <b>and</b> Ticker or Trading Symbol Alector, Inc. ALEC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Rosenthal Arnon				[ 1880 ]							X	X Director		10% Ow		ner		
(Last)	(F	irst)	(Middle)	2	D. Date of Fadinat Transaction (Marsh (Date))						X	Officer ( below)	give title		Other (spelow)	pecify		
C/O ALECTOR, INC.					3. Date of Earliest Transaction (Month/Day/Year) 11/06/2019								Chief Executive Officer					
131 OYSTER POINT BLVD, SUITE 600																		
(Street)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
SOUTH FRANCI		A	94080									X	X Form filed by One Reporting Person					
												Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Dai			action 2A. Deemed Execution Date if any (Month/Day/Yea		Date,	Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		) or 4 and 5	5. Amoun Securities Beneficia Owned Fo	Form ly (D) or		Direct Indirect Estr. 4)	. Nature of ndirect Beneficial Ownership Instr. 4)			
								Code	,	Amount	t (A) or (D) Pri		Price	Transacti	Transaction(s) (Instr. 3 and 4)			111511.4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security or Exercise (Month/Day/Year) if any Co		Transa	ansaction de (Instr.  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 of Securiti Underlying Derivative (Instr. 3 and			ng e Security		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		opiration	Title	or Nur	ount nber hares		(Instr. 4)	on(s)		
Stock Option (right to buy)	\$17.15	11/06/2019		A		520,000		(1)	11	/05/2029	Common Stock	520	0,000	\$0.00	520,00	00	D	

## **Explanation of Responses:**

1. One forty-eighth (1/48th) of the shares subject to the option shall vest on the one month anniversary of November 6, 2019 (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 as the Vesting Commencement Date (and if there is no corresponding day, on the last day of the month), subject to the Reporting Person continuing to have a Service Relationship (as defined in the Issuer's 2019 Equity Incentive Plan) with the Issuer through each such date.

## Remarks:

/s/ Stephanie Yonker, attorney-

in-fact

\*\* Signature of Reporting Person Date

11/08/2019

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.