1. Name and Address of Reporting Person:
   SULIMAN SHEHNAAZ
   C/O ALECTOR, INC.
   131 OYSTER POINT BLVD, SUITE 600
   SOUTH SAN FRANCISCO, CA 94080

2. Issuer Name and Ticker or Trading Symbol:
   Alector, Inc. [ ALEC ]

3. Date of Earliest Transaction (Month/Day/Year):
   10/01/2020

4. If Amendment, Date of Original Filed (Month/Day/Year):

5. Relationship of Reporting Person(s) to Issuer:
   President and COO

6. Individual or Joint/Group Filing (Check Applicable Line):
   Form filed by One Reporting Person

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### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (right to buy)</td>
<td>10/01/2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 10.924 | A | 189,213 | (1) | 09/30/2030 | Common Stock | 189,213 | $0.00 | 189,213 | D |

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**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 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 be a service provider to the Issuer through each such date.

**Remarks:**

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

**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).


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.