FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* SULIMAN SHEHNAAZ | | | | 2. Issuer Name and Ticker or Trading Symbol Alector, Inc. [ALEC] | | | | | | Relationship o eck all application Director X Officer (below) | able) | 10% | Owner r (specify | | | |
|--|---|------------|-------|--|--|--------------------------------|----------------------------------|---------------------|---|--|---|--|--|---|---|--|
| (Last) (First) (Middle) C/O ALECTOR, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | President and COO | | | | | | |
| 131 OYSTER POINT BLVD, SUITE 600 | | | | | | | | | | | | | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | 4. | 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 Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | state) | (Zip) | _ | | | | | | | | | . 0.00 | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | 9 | action 2A. Deemed Execution Date if any (Month/Day/Year) | | | Code (Instr. 8) | | | str. 3, 4 and | Beneficia Owned Fo | s lly ollowing (| 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | ٧ | Amount | (A) o (D) | Price | Transacti (Instr. 3 a | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | ransaction Derivative ode (Instr. Securities | | e s I (A) sed str. | 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 derivative Securities Beneficially Owned Following Reported Transaction | Owners Form: Direct (or Indir (I) (Inst | Beneficial Ownership ect (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Option (right to buy) | \$10.24 | 10/01/2020 | | A | | 189,213 | | (1) | 09 | 9/30/2030 | Common Stock | 189,213 | \$0.00 | 189,213 | 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 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.