FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	D C 20540	

OMB APPROVAL

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	OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Si	ee Instruction 1	0.																		
Name and Address of Reporting Person* Paragraph Communications				2. Issuer Name and Ticker or Trading Symbol Alector, Inc. [ALEC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Romano Gary												Director				10% Ov				
				_									1	Officer (give title below)			Other (s below)	specify		
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year)									Chief Medical Officer						
C/O ALI	ECTOR, IN	C.			12/02/2024															
131 OYSTER POINT BLVD., SUITE 600																				
			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable									
(Street) SOUTH	CAN													Line)						
FRANC	\sim C_{I}	A 9	4080											Form filed by One Reporting Person						
FRANCI	.500													Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)																	
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			Execution Da		on Date, T		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3				d 5)	5. Amount of Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 12/02/202)24				S ⁽¹⁾		14,892	D	\$2.51	94(2)	349,283			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., pu	ts, ca	alls, v	varra	ants	, opti	ions,	convertib	le se	curitie	s)						
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)				Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. The reported shares were sold to satisfy the reporting person's tax obligations in connection with the vesting of restricted stock units, or RSUs.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$2.5194 to \$2.5197. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff, the issuer, or any security holder of the issuer upon request.

/s/ Marc Grasso, by power of attorney

12/03/2024

** 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.