FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193- or Section 30(h) of the Investment Company Act of 1940 |
|---|--|
| . Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol |

| Name and Address of Reporting Person* Hammond Paula | | | | | 2. Issuer Name and Ticker or Trading Symbol Alector, Inc. [ALEC] | | | | | | | | (Che | elationship of all applic | cable) or | g Pers | 10% O | wner | |
|---|---|--|--|---|--|--|---------|---|-----------------------------|-----------|----------------------|---|--|---|---|--|---------|--|--|
| | ECTOR, IN | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/16/2022 | | | | | | | | | | Officer (give title below) | | Other (below) | specify | | |
| (Street) SOUTH FRANCI | SAN C | | 94080 (Zip) | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Y Form f Form f | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (Oity) | | | | -Deriv | ativ | o Sc | curitio | - Λ _C | quired | Die | nosed o | of or B | onoi | ficiall | v Owned | | | | |
| 1. Title of Security (Instr. 3) 2. T | | | 2. Transa Date | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa | action | 4. Securities Acqu Disposed Of (D) (In | | ired (/ | A) or | 5. Amou Securitie Benefici Owned I Reporter Transaci | Amount of ecurities eneficially wned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Common Stock 0 | | | 06/16 | 5/2022 | | | A | 9,459 | | (1) A \$(| | \$0.00 | 9,459 | | | D | | | |
| | | | Table II - [| | | | | | | | osed of, converti | | | | Owned | | | , | , |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | ate, T | ransaction ode (Instr. | | | | 6. Date Expiration (Month/D | n Date | • | ond 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | Coo | ode | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nu of | nount imber iares | | | | | |
| Stock Option (right to | \$8.07 | 06/16/2022 | | | Α | | 18,918 | | (2) | (| 06/16/2032 | Commo Stock | n 18 | 3,918 | \$0.00 | 18,91 | 3 | D | |

Explanation of Responses:

- 1. The reported shares are represented by restricted stock units, or RSUs, which vest on the earlier of (i) June 16, 2023 or (ii) the date of the Issuer's next annual meeting of stockholders.
- 2. The shares subject to the option vest in 12 equal monthly installments beginning on July 16, 2022, or if earlier, the date of the Issuer's next annual meeting of stockholders.

Remarks:

/s/ Calvin Yu, by power of <u>attorney</u>

06/21/2022

** 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.