FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
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| OMB APP | ROVAL | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| 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* GAROFALO ELIZABETH A. | | | | 2. Issuer Name and Ticker or Trading Symbol Alector, Inc. [ALEC] | | | | | | | | ck all applic Directo | cable) or | g Pers | son(s) to Iss | vner | | | |
|--|-----------------|------------|--------------|--|---|---|--------|-------|--|--|---|--------------------------|--|---|---|----------------|---|---|--|
| (Last) | (F ECTOR, IN | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2021 | | | | | | | | Officer below) | (give title | | Other (s below) | specify | |
| 131 OYSTER POINT BLVD, SUITE 600 | | | | 4 16 | | | | | | | | | | | | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 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 | tate) | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date | | Date, | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | or 5. Amour 4 and Securitie Beneficia Owned F Reported | | s ally following | Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Pı | rico Transa | | tion(s) and 4) | | | (Instr. 4) | |
| | | - | Γable II - I | | | | | | uired, Di , option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date if any (Month/Day/Year) | | | | Date, T | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amo or Num of Shar | nber | | | | | |
| Stock Option (right to buy) | \$24.26 | 09/23/2021 | | | A | | 33,235 | | (1) | 0 | 9/23/2031 | Common Stock | 33,2 | 235 | \$0.00 | 33,23 | 5 | D | |

Explanation of Responses:

 $1. \ One-fourth \ of the shares subject to the option vest on September \ 23, \ 2022 \ and \ 1/48 th \ of the shares vest monthly thereafter.$

Remarks:

/s/ David Oh, by power of 09/27/2021 <u>attorney</u>

** 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.