

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

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

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

1. Name and Address of Reporting Person* <u>BRENNER LOUIS MD</u> (Last) (First) (Middle) <u>C/O ALLENA PHARMACEUTICALS, INC.</u> <u>ONE NEWTON EXECUTIVE PARK, SUITE 202</u> (Street) <u>NEWTON MA 02462</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Allena Pharmaceuticals, Inc. [ALNA]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>President and CEO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>12/17/2020</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/17/2020		S ⁽¹⁾		103,116	D	\$1.36	144,816	D	
Common Stock	12/17/2020		M		247,932	A	⁽²⁾	247,932	D	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and 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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Restricted Stock Units	⁽²⁾	12/17/2020		M			247,932	⁽³⁾	⁽³⁾	Common Stock	247,932	\$0.00	0	D	

Explanation of Responses:

- The sale reported on this Form 4 was effected by the Reporting Person and represents shares sold to cover tax withholding obligations in connection with the vesting of restricted stock units
- Each restricted stock unit represents a contingent right to receive one share of common stock.
- On December 2, 2019, the Reporting Person was granted 123,966 restricted stock units, vesting in two equal installments on June 2, 2020 and December 2, 2020 (the "December 2019 Grant"). On May 28, 2020, the reporting person was granted an additional 123,966 restricted stock units (the "May 2020 Grant") and the December 2019 Grant was amended to vest in full, together with the May 2020 Grant, on December 2, 2020. 247,932 shares of common stock were distributed to the Reporting Person on December 17, 2020 following the vesting of the restricted stock units from the December 2019 Grant and the May 2020 Grant

Remarks:

/s/ Kevin Brennan, attorney-in-fact 12/18/2020

** 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).

** 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.