FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C.	205

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	houre per recognes	. 0 =									

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 se	CuOn	1 30(11) 0	ii iiie ii	ivesime	III COI	npany Act of	1940							
Name and Address of Reporting Person* Davis Ted					2. Issuer Name and Ticker or Trading Symbol Alpha Teknova, Inc. [TKNO]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) C/O ALPHA TEKNOVA, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/25/2021 Officer (give title below) below) Other (specify below)														
2290 BERT DRIVE 4					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable													
(Street) HOLLISTER CA 95023					Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person														
(City) (State) (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,		Transaction Disposed Code (Instr. 5)		Disposed Of	es Acquired (A) Of (D) (Instr. 3,		4 and Securit Benefic Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	, т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			08/25/2	2021			P		9,090	A	\$19	9.95	.95 1,883,6			D		
Common Stock													1,687,140(2)			I	By Spouse		
Table II - Derivative Secu (e.g., puts, calls,															wned	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	Code (I				6. Date Exerc Expiration Da (Month/Day/Y		ite 'ear)	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	OI N Of	umber							
1. Name ar	_	Reporting Person*																	
(Last) (First) (Middle) C/O ALPHA TEKNOVA, INC. 2290 BERT DRIVE																			
(Street) HOLLISTER CA 95023				_															
(City)		(State)	(Zip))															
1. Name ar		Reporting Person*				_													
(Last)		(First) OVA, INC.	(Mid	ddle)															

Explanation of Responses:

CA

(State)

2290 BERT DRIVE

 $1. \ These \ securities \ are \ owned \ directly \ by \ Ted \ Davis, \ a \ director \ of \ the \ Issuer, \ and \ indirectly \ by \ Irene \ Davis \ as \ the \ spouse \ of \ Ted \ Davis.$

95023

(Zip)

2. These securities are owned directly by Irene Davis, a director of the Issuer, and indirectly by Ted Davis as the spouse of Irene Davis.

Remarks:

(Street)
HOLLISTER

(City)

/s/ Damon A. Terrill, Attorney-in-Fact for Ted

Davis

/s/ Damon A. Terrill,

Attorney-in-Fact for Irene 08/26/2021

<u>Davis</u>

** Signature of Reporting Person Date

08/26/2021

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.