FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

wasnington,	D.C.	20549	

OMB APPROVAL							
OMB Number: 3235-0287							
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

Name and Address of Reporting Person*     Drutz David					2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ ALT ]								5. Relationship of Repor (Check all applicable)  X Director			. ,	Issuer Owner	
(Last)	(Fir	est) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/23/2023							Office below	er (give titl v)	е	Other below	(specify		
C/O ALTIMMUNE, INC., 910 CLOPPER ROAD, SUITE 2018					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				
(Street) GAITHERSBURG MD 20878				Dul	Form filed by More than One Reporting Person									porting				
(City)	(Sta	ate) (Z	<u>Z</u> ip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ended to					
		Table	I - N	on-Deriva	tive S	Secui	rities	Acc	quire	d, Dis	sposed of	, or B	enefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/			Execution Date,		,	Transaction Dispose Code (Instr. 5)		Disposed Of	es Acquired (A) or of (D) (Instr. 3, 4 a		Beneficia	es Form ally (D) o Following (I) (In		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code V		Amount	(A) or (D)	Price	Transact (Instr. 3 a	ction(s)			(msu. 4)
Common Stock, par value \$0.0001 03/23/2		03/23/20	)23	3		P		9,000(1)	A	\$4.27	29,484(3)				See Footnote <sup>(4)</sup>			
	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)	Execu	eemed ution Date, :h/Day/Year)	4. Transaction Code (Instr. 8) S. 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 (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. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares					

## Explanation of Responses:

- 1. Represents Common Stock purchased and immediately transferred to Pacific Biopharma Associates, LLC.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$4.265 to \$4.28, inclusive. The reporting person undertakes to provide to Altimmune, Inc., any security holder of Altimmune, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 3. Includes 20,151 shares of Common Stock previously owned directly by the reporting person which were transferred to Pacific Biopharma Associates, LLC.
- 4. Represents Common Stock held by Pacific Biopharma Associates, LLC, of which the reporting person is the President.

/s/ Richard Eisenstadt, as Attorney-in-Fact 03/27/2023

\*\* 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.