FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------|--------------|-----------|--|--|--|--|--|--|--|--|
| ОМВ | Number: | 3235-0287 | | | | | | | | |
| Estima | ated average | burden | | | | | | | | |

0.5

hours per response:

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

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

| Name and Address of Reporting Person* GILL JOHN | | | | 2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | (Che | 5. Relationship of Repor (Check all applicable) X Director Officer (give title | | | 10% Owner | | | |
|--|---|-------------------|--------------|--|--|---|--|--|------------------|--|--------------------|--|---|---|--|--|---|--|---------------------------------------|
| l | | st) (No., 910 CLC | Middle) PPER | ROAD, | 08/12/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | below) below) 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| SUITE 201S | | | | | | | | | | | | - 1 | Line) X Form filed by One Reporting Person | | | | | | |
| (Street) GAITHERSBURG MD 20878 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| , | | | | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) | (City) (State) (Zip) | | | 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. | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | Exec if any | Deemed cution Date, ny nth/Day/Year) | | Transaction Dispo | | | curities Acquired (osed Of (D) (Instr. : 5) | | | Securi Benefi Owned | 5. Amount of Securities Beneficially Owned Following | | rect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | () () | A) or D) | Price | | ted action(s) 3 and 4) | | | | |
| Common Stock, par value \$0.0001 08/12/2 | | | | 2022 | | | | S | | 2,714(1 | D \$15 | | \$ <mark>15</mark> | 2,771 | | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | tion Date, | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative irities ired r osed) r. 3, 4 | | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4 | | D S (I | Price of erivative ecurity nstr. 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 Exercisa | ble | Expiration Date | Title | or Nun of | ount nber res | | | | | |

Explanation of Responses:

 $1.\ Pursuant\ to\ that\ certain\ Form\ 5\ filed\ on\ February\ 14,\ 2022,\ the\ Reporting\ Person\ gifted\ these\ 2,714\ shares\ of\ common\ stock\ on\ December\ 27,\ 2021\ to\ an\ immediate\ family\ member.$

/s/ Richard Eisenstadt, as Attorney-in-Fact

** Signature of Reporting Person Date

07/06/2023

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.