FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

obligation Instructi	ons may continuion 1(b).	ue. See		F							ties Exchanç mpany Act o		934		hour	s per res	ponse:	0.5
Name and Address of Reporting Person* Novartis Bioventures Ltd					2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) C/O NOVARTIS INTERNATIONAL AG LICHTSTRASSE 35						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2018								Officer (give title Other (specify below) below)				
(Street) BASEL	V	3	CH-4056		_	If Am	nendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate)	(Zip)															
		Та	ble I - No			-			-	, Dis	posed o	f, or Ber	eficially	Owned				
			Date	nsaction h/Day/Y		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired Of (D) (Instr		Beneficially Owned Fol	y	6. Own Form: (D) or I (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	t (A) or Pri		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock, par value \$0.0001 03/2			15/20	/2018		J ⁽¹⁾		261,96	9 A	(1)	3,133,	3,133,982		I	See Footnote ⁽²⁾			
			Table II -								osed of, convertib			Owned				
Security or Extended (Instr. 3) Price Derive	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ce of rivative		Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		e of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi Reporte	ve ies ially ng ed	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
					Code	v					Expiration Date	Title	Amount or Number of Shares		Transaction(s (Instr. 4)			
Series B Convertible Preferred Stock	\$2.67 ⁽³⁾	03/15/2018			J ⁽¹⁾			344.9398	08/21/2	2017	08/15/2018	Common Stock, par value \$0.0001	129,188	(1)	1,379	.7481	I	See Footnote ⁽²⁾
	d Address of I s Biovent	Reporting Person* ures Ltd																
(Last)		(First)	(Middl	le)														

LICHTSTRASSE 35 (Street) **BASEL** V8CH-4056 (City) (State) (Zip) 1. Name and Address of Reporting Person* **NOVARTIS AG** (Last) (First) (Middle) C/O NOVARTIS INTERNATIONAL AG LICHTSTRASSE 35 (Street) **BASEL** V8CH-4056 (City) (State) (Zip)

Explanation of Responses:

- 1. Pursuant to the terms of the Series B Convertible Preferred Stock (the "Preferred Stock"), the Issuer converted the Preferred Stock into shares of the Issuer's common stock, par value \$0.0001 per share (the "Common Stock") at the installment conversion price of \$1.2980 per share of Common Stock.
- 2. The board of directors of Novartis Bioventures Ltd has sole voting and investment control and power over such securities. None of the members of its board of directors has individual voting or investment power with respect to such securities and each disclaims beneficial ownership of such securities. Novartis Bioventures Ltd is an indirectly owned subsidiary of Novartis AG.
- 3. The Issuer's Preferred Stock is convertible at any time at the option of the holder into shares of the Issuer's Common Stock, subject to certain restrictions, at an initial conversion price of \$2.67 per share and a stated amount of \$1,000 per share.

Remarks:

<u>/s/ Bart Dzikowski, Secretary of the Board of Novartis</u> 03/19/2018

Bioventures Ltd

/s/ Beat Steffen, Authorized

Signatory of Novartis
Bioventures Ltd

03/19/2018

/s/ Bart Dzikowski, Authorized Signatory of Novartis AG

03/19/2018

/s/ Beat Steffen, Authorized
Signatory of Novartis AG
** Signature of Reporting Person

03/19/2018

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.