FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	140. 500	File							ies Exchang mpany Act o		f 1934		nours	s per re	esponse:	0.5
1. Name and Address of Reporting Person*  Garg Vipin K				2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ ALT ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last) (First) (Middle) C/O ALTIMMUNE, INC., 910 CLOPPER ROAD, SUITE 201S				3. Date of Earliest Transaction (Month/Day/Year) 01/30/2021						X Officer (give title below)  President and CEO				-			
(Street) GAITHE (City)	ERSBURG (St		20878 Zip)	4. If <i>i</i>	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year)		ine) X Forr	or Joint/Grou n filed by On n filed by Mo son	ne Rep	porting Person	on
		Table	I - Non-Deriva	ative	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially Owr	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				nd Secur Benef Owne	icially d Following	Forn (D) o	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) (D)	Price		action(s) 3 and 4)			(Instr. 4)		
Common Stock, par value \$0.0001 01/30/2				2021				F <sup>(1)</sup>		2,353	D	\$14	.28 3	12,123		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)  (Month/Day/Year)  7. Title an Amount of Securities Underlyin Derivative Security (3 and 4)			nt of ities lying ltive ity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Onneficiall Following Reported Transactio (Instr. 4)	g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Number of Shares					

## **Explanation of Responses:**

1. Vesting transaction: Shares surrendered to the Issuer solely to cover taxes associated with vesting of restricted stock.

## Remarks:

/s/ William Brown, as Attorney-in-Fact

02/01/2021

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.