FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
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| 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). | STATEMEN Filed | T OF C pursuant to or Section |
|--|-------------------|-------------------------------------|
| | * | 2 Issuer N |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Section 16(a) of the Securities Exchange Act of 1934 30(h) of the Investment Company Act of 1940

| | Address of Reporting | Person* | 2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|------------------------------|----------------------|-------------------|---|-------------------|---|-----------------------|--|--|--|--|
| <u>Garg Vipin K</u> | | | ,, [+ +] | X | Director | 10% Owner | | | | |
| (Last) (First) (Middle) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | X | Officer (give title below) | Other (specify below) | | | | |
| C/O ALTIMMUNE, INC., | | | 04/30/2022 | | President and CEO | | | | | |
| 910 CLOPPER ROAD, SUITE 201S | | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fili | ing (Check Applicable | | | | |
| GAITHERSBURG MD 20878 | | | | X | Form filed by One Re | porting Person | | | | |
| | | 20070 | | | Form filed by More th Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |
| | | Table I - Non-Dei | rivative Securities Acquired, Disposed of, or Ben | eficially | v Owned | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, Transaction Dis | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|----------------------------------|--|---------------------------------|-------------------------|---|--------|---------------|---|---|---|------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock, par value \$0.0001 | 04/30/2022 | | F ⁽¹⁾ | | 3,008 | D | \$4.52 | 283,826 | D | |

| | | | | | | | | | 1 | _ | | 1 | | | |
|--|---|--|---|------|--|-----|--|---------------------|---|-------|--|--|--|--|--|
| 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. 5. Number Transaction Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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

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

05/02/2022

** 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.