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

Washington, I	D.C. 20549
---------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
houre per reenonee	. 0.5									

	ction 1(b).	140. 000		Filed							ies Exchang mpany Act o		1934		nours	s per re	esponse:	0.5
1. Name and Address of Reporting Person* GILL JOHN					2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]									Relationsh Check all ap	,	ng Pe	erson(s) to I	
(Last) (First) (Middle) C/O ALTIMMUNE, INC., 910 CLOPPER ROAD,					3. Date of Earliest Transaction (Month/Day/Year) 11/30/2020										Officer (give title pelow)		Other (specify below)	
(Street) GAITHERSBURG MD 20878						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)															
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or Be	nefic	ally Owr	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) Exec		A. Deemed execution Date, fany Month/Day/Year)				es Acquired (A Of (D) (Instr. 3,		nd Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock, par value \$0.0001 11/30/2					2020		S ⁽¹⁾		8,425	D	\$11	92 11,199			D			
		Tal									osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ion Date,	Date, Transac Code (li				6. Date Exercisable Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)
	Code V		(A)	(D)	Date Exercis	able	Expiration Date		mount r lumber f shares									

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.

Remarks:

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

12/02/2020

** 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.