SEC Form 4	
------------	--

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average b	urden
hours per response:	0.5

I

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

1. Name and Address of Reporting Person <sup>*</sup> Jordt Raymond M				uer Name <b>and</b> Tick <u>mmune, Inc.</u>	•	Symbol	(Check	tionship of Reportir all applicable) Director Officer (give title	ng Person(s) to 10% C Other	Dwner
(Last) C/O ALTIMM	(First) IUNE, INC., 910 C	(Middle)	01/3	te of Earliest Transa 1/2024	action (Month/	Day/Year)	X	below)	ness Officer	
SUITE 201S			4. If A	mendment, Date o	f Original Filed	l (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)							X Form filed by One Reporting Person			
GAITHERSBURG MD 20878								Form filed by Mo Person	re than One Rep	porting
(City)	(State)	(Zip)	Rul	e 10b5-1(c)	Transact	tion Indication				
				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 Securi	ty (Instr. 3)	Date	insaction th/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership

	(Wonth/Day/rear)	(Month/Day/Year)	8)	insu.	´  (		Owned Following Reported	(I) (Instr. 4)	Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock, par value \$0.0001	01/31/2024		<b>A</b> <sup>(1)</sup>		5,030	A	<b>\$2.69</b> <sup>(2)</sup>	13,743 <sup>(3)</sup>	D	
Table II	- Derivative Se (e.g., puts, ca	curities Acqu alls, warrants,						Owned		

								• •				,			
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. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/h	ate	Amou Secu Unde Deriv	rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	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. These shares were purchased due to participation by the reporting individual in the Issuer's 2019 Employee Stock Purchase Plan ("ESPP"). It pertains to the ESPP purchase period from August 1, 2023 through January 31, 2024.

2. In accordance with the ESPP, these shares were purchased based on 85% of the opening price of the issuer's common stock on August 1, 2023.

3. The Issuer withheld 2,494 shares to cover taxes associated with the vesting of RSU on January 1, 2024 instead of the 2,503 shares reported as withheld on the individual's Form 4 filed on January 4, 2024. The updated total is reflective of the foregoing correction.



02/01/2024

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.