FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
OMB Number:	3235-0287							
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).

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

					_													
Name and Address of Reporting Person*  Environt William						2. Issuer Name <b>and</b> Ticker or Trading Symbol Altimmune, Inc. [ ALT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Enright William						<u> </u>								X Direc		ctor	10% (	Owner
-														X		er (give title		(specify
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								71	belov	,	below	)
C/O ALTIMMUNE, INC.						05/25/2018								President and CEO				
910 CLOPPER ROAD, SUITE 201S																		
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
(Street)						4. II Amendment, Date of Original Flied (World // Day/ Teal)								Line)				
,	RSBURG 1	MD	20878											X Form filed by One Reporting Person				
					_									Form filed by More than One Reporting				
(City)	<b>(C</b> +	ate) (	7in\											Person				
(City)	(31	ate) (	Zip)															
		Tabl	e I - N	on-Deri\	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefic	ially C	)wne	ed		
1. Title of S	Security (Inst	r. 3)		2. Transac	tion				3.					5. Amount of			6. Ownership	7. Nature
				Date (Month/Da	y/Year)	Year) Execution Date,		Transaction Disposed Of (D) (Code (Instr.		it (D) (Ins	(D) (Instr. 3, 4 and !		. Beneficially		Form: Direct (D) or Indirect	of Indirect Beneficial		
						(Month/Day/Year)							Owned F			(I) (Instr. 4)	Ownership (Instr. 4)	
									Code	V Amount		(A) or (D) Price		Transaction(s) (Instr. 3 and 4)		action(s)		(
											(0)		-			3 anu 4)		
Common Stock, par value \$0.0001 05/25/20					2018	018		P		1,300	A	\$0.50	J <b>76</b> <sup>(1)</sup>		65,839	D		
		Ta	hle II .	- Derivat	tive S	ecuri	ities	Δcau	ired	Disn	osed of,	or Bei	neficial	ly Ow	ned			
		10	DIC II								convertib				cu			
1. Title of	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	3A. Dee	emed on Date,	4.	otion			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities		8. Price of Derivative		9. Number o	Ownership Form:	11. Nature of Indirect Beneficial
Derivative Security		(Month/Day/Year)	if any		Code (I									Security	Securities			
(Instr. 3)			(Month	/Day/Year)	y/Year) 8)		Securiti Acquire		Underlying Derivative				(Instr. 5)		Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)	
							(A) or Disposed		Security (						Following Reported	(I) (Instr. 4)		
				of (D)			and 4)					Transaction		(s)				
				(Instr. 3, 4 and 5)								(Instr. 4)						
				$\vdash$				_					Amount	Ⅎ				
													or					
									Date		Expiration		Number of					
					Code	٧	(A)	(D)	Exercis	sable		Title	Shares	1			- 1	

## **Explanation of Responses:**

1. The transaction was executed in multiple trades at prices ranging from \$0.505151 to \$0.5088. The price above reflects the weighted average purchase price. Detailed information regarding the number of shares purchased at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.

## Remarks:

/s/ Ori Solomon, Attorney in fact for William Enright 05/29/2018

\*\* 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.