Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | | |

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* Garg Vipin K | | | | | | 2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT] | | | | | | | | | ck all app Direc | tor | ng Per | 10% O | wner |
|--|---|---|---------|---|-------------------------|--|--------|---|--|----------------|--|--|-----------------------------|--|--|---|--------|-------|------|
| (Last) C/O ALTII SUITE 20: | • | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2020 | | | | | | | | X | X Officer (give title Other (specify below) President and CEO | | | | | | | | |
| (Street) GAITHER (City) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | 5. Amo Securit Benefic Owned Report | ties cially Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | Code | v | | | Amount | (A) (D) | or P | rice | Transa | action(s) 3 and 4) | | | (111501.4) | | | | |
| Common S | /2020 | | | | F ⁽¹⁾ | | 3,025 | I |) [| \$11.3 | 314,476 | | | D | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative C Security (Instr. 3) F | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | saction le (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbo of Title Shares | | Str. Do Si (li | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

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

01/04/2021

** 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.