Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| | |

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

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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* Cover Vision V. Cover Vision V. | | | | | 2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|---------|----------|---|---|---|---|-----------------|------------------|------------------------------|--------------------|---|---|---|--|---|--|------------|-----------|
| Garg Vipin K | | | | | | <u> </u> | | | | | | | | | Direc | tor | | 10% O | wner |
| (Last) | (Fir | st) (N | /iddle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | X Office below | | | | Other (s | specify | | |
| C/O ALTIMMUNE, INC., 910 CLOPPER ROAD, | | | | | 11/30/2021 | | | | | | | | President and CEO | | | | | | |
| SUITE 201S | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | and the same of original rines (Month Buy real) | | | | | | | | Line) | | | | | |
| GAITHE | RSBURG | MD : | 20878 | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| - | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orting |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | iciall | y Own | ed | | | |
| 1. Title of S | Security (Inst | r. 3) | | 2. Transac | tion | | | | | 3. 4. Securities Acquired (A | | | | | 5. Amo | unt of 6. O | | nership | 7. Nature |
| Date (Month/Day | | | | y/Year) | if any | ecution Date, ny onth/Day/Year) | | Code (Instr. 5) | | Of (D) (Instr. 3, | | Benefic Owned | | cially Following | (D) or I | orm: Direct o) or Indirect (Instr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock, par value \$0.0001 11/30/2 | | | | | 2021 | | | | F ⁽¹⁾ | | 3,007 | D | \$1 | 10.49 | 19 286,563 | |] | D | |
| | | Tal | ole II - | Derivati | ive Se | curi | ties / | Acqu | ired, [| Disp | osed of, | or Be | nefic | ially | Owne | d | | | |
| | | | | (e.g., pu | ıts, ca | alls, v | warra | ants, | optio | ns, c | onvertib | le se | curiti | es) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo of (D (Inst | 5. Number of Expiration Derivative Securities Acquired (A) or Disposed of (D) [Instr. 3, 4 and 5) | | ite Amount of | | De Se (In | Price of rivative curity str. 5) | tive derivative Securities | | 0. Ownership form: Direct (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

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

/s/ William Brown, as 12/01/2021 Attorney-in-Fact

** 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.