FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI

ngton, 5.0. 20043	OMB APP	PROVAL
ES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028

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

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

1. Name and Address of Reporting Person* Garg Vipin K					2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Gaig vipiii K						, ,								X	Direc	ctor		10% C)wner		
(Last) (First) (Middle)					3. [Date of Earliest Transaction (Month/Day/Year)								\dashv			officer (give title elow)		Other (specify below)		
C/O ALTIMMUNE, INC., 910 CLOPPER ROAD,					12/	12/30/2019								President and CEO							
SUITE 201S																					
SOTTE 2015						A If Amondment Date of Original Filed (Month/Day/Veer)								6	6 Individual or Jaint/Croup Filing (Chack Applicable						
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
1 '	RSBURG	MD	20878												X Form filed by One Reporting Person						
					-										Form filed by More than One Reporting						
(City)	(St	ate) (Zip)			Person															
		Tabl	e I - Nor	n-Deriv	<i>r</i> ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	efici	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		Code (Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5)				, 4 and Secu		rities F eficially (I ed Following (I		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount (A)		(A) or (D)	Price	Trans		saction(s) r. 3 and 4)			(111511.4)	
Common Stock, par value \$0.0001 12/30					0/2019	9			F ⁽¹⁾		1,999)	D	\$1	.8 316,932			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date	3A. Deeme Execution if any	ed	4. Transaction Code (Instr.		5. Number of		6. Date Exercisable and Expiration Date			7. Title and Amount of Securities		,	8. Price of Derivativ		9. Number of derivative Securities	of 10. Ownership	wnership	11. Nature of Indirect Beneficial	
(Instr. 3)					(wonth)	Month/Day/Year) Securities Underlying Derivative Security (Instr. and 4)				str. 3	(Instr. 5)		Beneficially Owned Following Reported Transaction (Instr. 4)	Di or (I)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)					
		Code	 	(A)	(D)	Date Exercisal	Date Expiration		Title	or Nun of	ount nber res	er									

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 Attorneyin-Fact 01/02/2020

** 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.