FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB Number:	3235-0287
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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* Pisano Wayne						2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]									5. Relationsh (Check all ap X Dire		licable)		Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) C/O ALTIMMUNE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/09/2018											Officer (give title below)		Other (specify below)		
910 CLOPPER ROAD, SUITE 201S					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) GAITHERSBURG MD 20878														X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (2	Zip)																		
		Tabl	e I - Nor	ı-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution		n Date,	Code	Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Sec Ber		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price		Transa	ansaction(s) str. 3 and 4)			(1130.4)	
Common Stock, par value \$0.0001 10/09/					9/2018	/2018 P 2,000 A		\$4.	59	9 2,000		D									
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month//Day/Year) (Month//Day/Year) if any (Month//D		Date, ny/Year)	4. Transaction Code (Instr. 8)		ı of	ired r osed) : 3, 4			е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		ount nber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In	t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

/s/ Ori Solomon, Attorney in fact for Wayne Pisano

10/11/2018

** 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.