FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL						
l	OMB Number:	3235-0287					
l	Estimated average burde	en					
l	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

1. Name and Address of Reporting Person*  CZEREPAK ELIZABETH						2. Issuer Name <b>and</b> Ticker or Trading Symbol Altimmune, Inc. [ ALT ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specify					
	TIMMUNE,	irst) INC. OAD, SUITE 200		3. Date of Earliest Transaction (Month/Day/Year) 09/22/2017								X Officer (give title Other (specify below)  CFO and EVP Corp. Development						
(Street) GAITHERSBURG MD 20878 (City) (State) (Zip)					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 - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						2A. Deemed Execution Date,			Code (Instr. 5)			d (A) or	5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	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	Transact (Instr. 3 a	ion(s)			(111511. 4)		
			Table II - De e.ز)					luired, Dis s, options					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	4. Transaction Code (Instr 8)				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e Over Section Ove	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		xpiration vate	Title	Amount or Number of Shares						
Stock Options (option to buy)	\$2.48	09/22/2017		A		62,500		09/22/2017	0:	9/22/2027	Common Stock, par value \$0.0001	62,500	\$0	62,500		D		
Stock Options (option to buy)	\$2.48	09/22/2017		A		62,500		03/31/2019 <sup>(1)</sup>	0:	9/22/2027	Common Stock, par value \$0.0001	62,500	\$0	62,500		D		

## Explanation of Responses:

1. The option becomes exercisable, if at all, on March 31, 2019, in three equal one-third increments if the average daily closing price of Altimmune, Inc.'s common stock on Nasdaq for 10 consecutive trading days between September 22, 2017 and December 31, 2018 is at or above one of three specified thresholds, respectively.

## Remarks:

/s/ Ori Solomon, Attorney in fact for Elizabeth Czerepak

09/26/2017

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.