FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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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

1. Name and Address of Reporting Person*  Roberts M Scot  (Last) (First) (Middle)  C/O ALTIMMUNE, INC., 910 CLOPPER ROAD, SUITE 201S						2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ ALT ]  3. Date of Earliest Transaction (Month/Day/Year) 06/29/2022								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Chief Scientific Officer					
(Street) GAITHERSBURG, MD 20878 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								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. Transaction Date (Month/Day/Ye					on	2A. Dec Execut		Deemed ution Date,		etion Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		(A) or	5. Amour Securitie Beneficia		nt of es ally 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		Transaction(s) (Instr. 3 and 4)				(			
Common Stock, par value \$0.0001					)22			M		5,462	A	<b>\$2</b> .	2.6		3,162		D		
Common Stock, par value \$0.0001 06/29/202						.2			S <sup>(1)</sup>		5,462	D	\$12.00	04(2)	17,	7,700		D	
Common Stock, par value \$0.0001															15			I :	Shares held by spouse of Reporting Person
		Т	able								sposed of s, converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, h/Day/Year)	4. Transa Code ( 8)				1			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D Se (Ii	s. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Over Section 1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	per					
Stock Options (option to buy)	\$2.6	06/29/2022			M			5,462	(	3)	01/02/2029	Commo Stock, par valu \$0.000	5,46	52	\$0.00	12,76	9	D	

## Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12,0000 to \$12,0050, inclusive. The reporting person undertakes to provide to Altimmune, Inc., any security holder of Altimmune, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 3. Twenty-five percent of the shares underlying the option become vested and exercisable on the first anniversary of the Grant Date and the remaining 75% of the shares underlying the option become vested and exercisable in substantially equal monthly installments over the 36 months following the one-year anniversary of the Grant Date, in each case, generally subject to the reporting person's continued service through the applicable vesting date.

/s/ Richard Eisenstadt, as Attorney-in-Fact 06/30/2022

\*\* 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.