NEW YORK

NY

10018

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

					16(a) of the Secu the Investment C			1934				
1. Name and Address of Reporting Person* Venrock Healthcare Capital Partners III, L.P. 2. Date Requiri (Month. 05/22/				tatement /Year)	3. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]							
(Last) (First) (Middle) C/O VENROCK					Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
7 BRYANT (Street)	PARK, 23R	D FLOOR	-		Officer title bel		Other below)	(specify		eck Applicable Form filed Person	by One Reporting	
NEW YORK	NY	10018	_)	Form filed Reporting	by More than One Person	
(City)	(State)	(Zip)										
		Ta	able I - Non	-Deriva	tive Securitie	s Benefic	ially O	wned				
1. Title of Security (Instr. 4)				2. Amount of Se Beneficially Ow 4)		Form: [Direct Owners		ature of Indirect Beneficial nership (Instr. 5)			
Common Stock				1,696,3	64		I By		By Funds ⁽¹⁾			
		(e.g			e Securities I ants, options,				·)			
Expir			2. Date Exerc Expiration Day/	ate	3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)			4. Conver or Exer Price o	rcise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivat Securit	-	or Indirect (I) (Instr. 5)	,	
I	Address of Rep Healthcare	orting Person [*] Capital Par	tners III,									
(Last)	(First)	(Mid	ddle)									
7 BRYANT	PARK, 23R	D FLOOR										
(Street) NEW YOR	K NY	100)18									
(City)	(State)	(Zip)									
	Address of Repostme	orting Person [*] ent Holdings	s III, LLC									
(Last) (First) (Middle) C/O VENROCK 7 BRYANT PARK, 23RD FLOOR												
(Street)				_								

(City)	(State)	(Zip)
1. Name and Addr	ess of Reporting Per	rson [*]
VHCP Mana	<u>igement III, L</u>	<u>LC</u>
(Last) C/O VENROC	(First)	(Middle)
	RK, 23RD FLOO	OR
(Stroot)		
(Street) NEW YORK	NY	10018
(City)	(State)	(Zip)
1. Name and Addr	ess of Reporting Per	rson*
	althcare Capita	al Partners II,
<u>L.P.</u>		
(Last) C/O VENROC	(First)	(Middle)
	RK, 23RD FLOO	OR
(Street)		
NEW YORK	NY	10018
(City)	(State)	(Zip)
	ess of Reporting Per vestment Ho	dings II, LLC
(Last)	(First)	(Middle)
C/O VENROC. 7 BRYANT PA	K RK, 23RD FLOO)R
(Street) NEW YORK	NV	10018
TAL VV TORK	11 1	10010
(City)	(State)	(Zip)
	ess of Reporting Per	
(Last)	(First)	(Middle)
C/O VENROC		·/
7 BRYANT PA	RK, 23RD FLOO	OR
(Street)		
NEW YORK	NY	10018
(City)	(State)	(Zip)
	ess of Reporting Per	SUII
Koh Bong Y		
(Last)	(First)	(Middle)
(Last) C/O VENROC	, ,	
(Last) C/O VENROC: 7 BRYANT PA	K	
(Last) C/O VENROC	K RK, 23RD FLOC	
(Last) C/O VENROC: 7 BRYANT PA (Street)	K RK, 23RD FLOC	OR .

1. Name and Address of Reporting Person* Shah Nimish P							
(Last)	(First)	(Middle)					
C/O VENROCK							
7 BRYANT PARK, 23RD FLOOR							
(Street)							
NEW YORK	NY	10018					
,							
(City)	(State)	(Zip)					

Explanation of Responses:

1. Represents (a) 969,473 shares of common stock held by Venrock Healthcare Capital Partners III, L.P. ("VHCP III"), (b) 96,862 shares of common stock held by VHCP Co-Investment Holdings III, LLC ("VHCP III Co"), (c) 448,349 shares of common stock held by Venrock Healthcare Capital Partners II, L.P. ("VHCP II"), and (d) 181,680 shares of common stock held by VHCP Co-Investment Holdings II, LLC ("VHCP II Co"). VHCP Management III, LLC ("VHCPM III") is the sole general partner of VHCP III and the sole manager of VHCP III Co. VHCP Management II, LLC ("VHCPM II") is the sole general partner of VHCP II and the sole manager of VHCP II Co. Dr. Bong Koh and Nimish Shah are the voting members of VHCPM III and VHCPM II. Dr. Koh, Mr. Shah, VHCPM III and VHCPM II disclaim beneficial ownership over all shares held by VHCP III, VHCP III Co, VHCP II and VHCP II Co, except to the extent of their respective indirect pecuniary interests therein.

Remarks:

/s/ David L. Stepp, 05/28/2020 Authorized Signatory /s/ Bong Koh 05/28/2020 /s/ Nimish Shah 05/28/2020 ** Signature of Reporting

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 5 (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.