SEC Form 4									
FORM 4	UNITE	D STATES	S SECURITI Wash	ES AND ington, D.C. 2		OMB APPR	OVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STA	Filed pure	suant to Section 16((a) of the Sec	ENEFICIAL OWNE urities Exchange Act of 1934 Company Act of 1940	ERSH		OMB Number: 3235-0287 Estimated average burden hours per response: 0.5	
Name and Address of Reporting Person Pisano Wayne (Last) (First)	n [*] (Middle)	<u>A</u>	ssuer Name and Ti timmune, Inc Date of Earliest Trar	<u>. [</u> ALT]			tionship of Repo all applicable) Director Officer (give ti below)		Owner (specify
C/O ALTIMMUNE, INC., 910 CL SUITE 201S	DAD	/22/2022 f Amendment, Date	of Original Fi	iled (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) GAITHERSBURG MD (City) (State)	20878 (Zip)					X		One Reporting Pers More than One Rep	
Ta	able I - No	n-Derivativo	e Securities A	cquired, D	Disposed of, or Benefi	cially (Owned		
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/			2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an	d 5)	5. Amount of Securities Beneficially Owned Followin	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership

			· ·					Reported	(Inotr /			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock, par value \$0.0001	12/22/2022		М		20,000	Α	\$2.6	28,498	D			
Common Stock, par value \$0.0001	12/22/2022		S ⁽¹⁾		20,000	D	\$15.0134(2)	8,498	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and 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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options (option to buy)	\$2.6	12/22/2022		М			20,000	(3)	01/02/2029	Common Stock, par value \$0.0001	20,000	\$0.00	0	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 \$15.0000 to \$15.0900, 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. The option became vested and exercisable in two equal installments on February 28, 2019 and August 30, 2019, in each case, generally subject to the reporting person's continued service through the applicable vesting date.

/s/ Richard Eisenstadt, as Attorney-in-Fact

12/22/2022

** 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.