FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

1 Title of Security (Instr. 3)	Transaction 24 Deemed 3 4 Securities Acquir	ed (A) or 5 Amount of 6 Ownership 7 Nature									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
(City) (State) (Zip)											
· · · · · · · · · · · · · · · · · · ·		Form filed by More than One Reporting Person									
GAITHERSBURG MD 20878		X Form filed by One Reporting Person									
(Street)		Line)									
SUITE 201S	4. If Amendment, Date of Original Filed (Month/Day/Ye	ar) 6. Individual or Joint/Group Filing (Check Applicable									
C/O ALTIMMUNE, INC., 910 CLOPPER	ROAD, 01/31/2023										
(Last) (First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/31/2023	Chief Financial Officer									
		X Officer (give title Other (specify below)									
Eisenstadt Richard I		Director 10% Owner									
1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
 obligations may continue. See Instruction 1(b). 	Filed pursuant to Section 16(a) of the Securities Exchange Ac or Section 30(h) of the Investment Company Act of 194										
I obligations may continue See		A A A A A A A A A A									

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	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 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock, par value \$0.0001	01/31/2023		A ⁽¹⁾		1,172	Α	\$10.2085(2)	12,010	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)	4. Transa Code (8)		of		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				

Explanation of Responses:

1. These shares were purchased due to participation by the reporting individual in the Issuer's 2019 Employee Stock Purchase Plan ("ESPP"). It pertains to the ESPP purchase period from August 1, 2022 through January 31, 2023.

2. In accordance with the ESPP, these shares were purchased based on 85% of the opening price of the issuer's common stock on August 1, 2022.

/s/ Richard Eisenstadt

** Signature of Reporting Person Date

02/02/2023

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.