\square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		PROVAL
	OMB Number:	3235-028
l	Testing at a straight of the second	less seal as a

Estimated average burden	
hours per response:	0.5

1. Nume and Address of Reporting Ferson			2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SCHAFFER DERACE L				X	Director	10% Owner			
(Last) C/O ALTIMMU	(First) NE, INC.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/06/2017		Officer (give title below)	Other (specify below)			
19 FIRSTFIELD	ROAD, SUITE 2	00		<u> </u>					
19 FIRSTFIELD ROAD, SUITE 200			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	vidual or Joint/Group Filing (Check Applicable				
(Street)				X	Form filed by One Rep	orting Person			
GAITHERSBUI	RG MD	20878			Form filed by More tha Person	n One Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date Execution Date, Month/Day/Year) if any Code (Instr. 2, 4 and 5)						(A) or	5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Day/Year) 8) Code V		Amount	(A) or (D)	Price	Owned Following Reported Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, par value \$0.0001	12/06/2017		Р		16,106	A	\$1.8003 ⁽¹⁾	337,274	D	
Common Stock, par value \$0.0001	12/07/2017		Р		7,639	A	\$1.7421 ⁽²⁾	344,913	D	
Common Stock, par value \$0.0001								12,393	I	IRA

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 Exerc Expiration Da (Month/Day/Y	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. The price reflected is the weighted-average purchase price for shares purchased. The range of purchase prices for the transactions reported was \$1.76 to \$1.86 per share. The Reporting Person undertakes to provide, upon request by the Issuer, any security holder of the Issuer, or the SEC staff, full information regarding the number of shares purchased at each separate price.

2. The price reflected is the weighted-average purchase price for shares purchased. The range of purchase prices for the transactions reported was \$1.70 to \$1.79 per share. The Reporting Person undertakes to provide, upon request by the Issuer, any security holder of the Issuer, or the SEC staff, full information regarding the number of shares purchased at each separate price.

Remarks:

<u>/s/ Ori Solomon, Attorney in</u> fact for Derace Schaffer

12/08/2017

** 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.