FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C.

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

hours per response:

0.5

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* Schafer Klaus						2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]									all app	tionship of Reporting P all applicable) Director Officer (give title below)		10% O	wner
(Last) (First) (Middle) C/O ALTIMMUNE, INC., 910 CLOPPER ROAD,					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2020													Other (below)	specify
SUITE 201S						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) GAITHERSBURG MD 20878														X Form filed by One Reporting Person Form filed by More than One Reporting Person					- 1
(City)	(Sta	ate) (Z	ip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (li					5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) (D)	Pric	е	Transa	action(s) . 3 and 4)			(Instr. 4)		
Common Stock, par value \$0.0001 12/10/2					2020				P		2,000	A \$11.9		1.99	9 8,900			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 Ote (Month/Day/Year) Price of Derivative Security 3. Transaction Date (Execution Date, if any (Month/Day/Year)		4. 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)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Numbe of Shares						

Explanation of Responses:

Remarks:

/s/William Brown, as Attorney-in-Fact

12/11/2020

** Signature of Reporting Person

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.