FORM 4

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

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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

Name and Address of Reporting Person* Cover Visits IV. Cover Visits IV. Cover Visits IV. Cover Visits IV.						2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Garg Vipin K						<u> </u>								X	Direc	tor	10% Owner		wner	
(Last)	(Fir	st) (N	/liddle)		3. Da	Date of Earliest Transaction (Month/Day/Year)									Office belov	er (give title v)	(give title Other below		specify	
C/O ALTIMMUNE, INC.,						10/30/2021								President and CEO						
910 CLOPPER ROAD, SUITE 201S																				
	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable											
(Street)															Line) X Form filed by One Reporting Person					
GAITHE	RSBURG	MD :	20878											_ ^	Form filed by More than One Reporting					
(O):)	(0)														Person					
(City)	(Sta	ate) (2	Zip)																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3)			, 4 and Securit Benefic		ies cially Following	6. Own Form: I (D) or II (I) (Inst	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or P	rice	Transa	ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock, par value \$0.0001 10/30/2					2021			F ⁽¹⁾		3,007) !	\$10.8	289,570		Ι)			
		Tal									osed of, onvertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	itle of 2. 3. Transaction Date Execution Date, urity or Exercise (Month/Day/Year) if any		med on Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Titl Amou Secu Unde Deriv	itle and ount of curities derlying ivative curity (Instr.		Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	y Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
							(Instr. 3, 4 and 5)							_		(Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numl of Share	per						

Explanation of Responses:

1. Vesting transaction: Shares surrendered to the Issuer solely to cover taxes associated with vesting of restricted stock.

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

** Signature of Reporting Person Date

11/01/2021

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.