

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

1. Name and Address of Reporting Person * <u>Hodges Philip</u> <hr/> (Last) (First) (Middle) <u>C/O ALTIMMUNE, INC.</u> <u>19 FIRSTFIELD ROAD, SUITE 200</u> <hr/> (Street) <u>GAITHERSBURG MD 20878</u> <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Altimune, Inc. [ALT]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>10/13/2017</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by More than One Reporting Person <input type="checkbox"/> Form filed by One Reporting Person

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

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)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, par value \$0.0001	10/17/2017		J ⁽¹⁾		1,278,471	D	\$0	0	I	See Footnote ⁽²⁾

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. 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					
Stock Options (option to buy)	\$2.5	10/13/2017		A		20,000		04/30/2018	10/13/2027	Common Stock, par value \$0.0001	\$0	20,000	D ⁽³⁾	

1. Name and Address of Reporting Person *
Hodges Philip

 (Last) (First) (Middle)
C/O ALTIMMUNE, INC.
19 FIRSTFIELD ROAD, SUITE 200

 (Street)
GAITHERSBURG MD 20878

 (City) (State) (Zip)

1. Name and Address of Reporting Person *
Redmont VAXN Capital Holdings, LLC

 (Last) (First) (Middle)
C/O ALTIMMUNE, INC.
19 FIRSTFIELD ROAD, SUITE 200

 (Street)
GAITHERSBURG MD 20878

 (City) (State) (Zip)

Explanation of Responses:

- Redmont VAXN Capital Holdings, LLC, a Delaware limited liability company ("Redmont VAXN") distributed to its members, pro rata and without consideration, 1,278,471 shares of the Issuer's common stock.
- Consists of shares of Common Stock held by Redmont VAXN. Philip Hodges has sole voting and dispositive control with respect to all securities held by Redmont VAXN. Philip Hodges disclaims beneficial

ownership of such securities, except to the extent of his pecuniary interest therein.

3. Held by Philip Hodges.

Remarks:

[/s/ Ori Solomon, Attorney in fact for Philip Hodges](#) [10/17/2017](#)

[/s/ Ori Solomon, Attorney in fact for Redmont VAXN Capital Holdings, LLC](#) [10/17/2017](#)

** 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.