#### 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

**OMB APPROVAL** OMB Number: 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*     Roberts M Scot						2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ NASDAQ:ALT ]									ck all applic Directo Officer	able)			
(Last) (First) (Middle) 19 FIRSTFIELD ROAD, SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 05/04/2017									below)	hief Scienti	below) fic Officer		
(Street) GAITHERSBURG MD 20878  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)  ative Securities Acquired, Disposed of, or Benefic									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person  Cially Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	ar) i	2A. Deemed Execution Dat if any (Month/Day/Ye		3. Transactio		4. Securi	ties Acquired (A) or I Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia Owned F	nt of 6 6 Fally (I	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		Price	Reported Transact (Instr. 3 a	ion(s)		(IIISU. 4)	
		-	Table II - I						uired, Dis , options						Owned	,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	ate, T	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	nount mber ares					
Stock Option (option to buy)	\$0.08	05/04/2017			A		55,120		05/04/2017	1	2/05/2022	Commo Stock par valu \$0.000	<sub>ie</sub> 55	5,120	(1)	55,120	D		
Stock Option (option to buy)	\$0.59	05/04/2017			A		8,956		(2)	1	2/04/2023	Commo Stock par valu \$0.000	e 8	,956	(1)	8,956	D		
Stock Option (option to buy)	\$2.59	05/04/2017			A		8,956		(3)	1	2/02/2024	Commo Stock par valo \$0.000	e 8	,956	(1)	8,956	D		
Stock Option (option to	\$13.38	05/04/2017			A		11,235		(4)	0.	4/07/2026	Commo Stock par val	ie 11	.,235	(1)	11,235	D		

# **Explanation of Responses:**

- 1. Acquired pursuant to the Agreement and Plan of Merger, dated as of January 18, 2017 (as amended on March 29, 2017, the "Merger Agreement"), pursuant to which a wholly-owned subsidiary of the Issuer merged with and into Altimmune, Inc. ("Altimmune"). Pursuant to the Merger Agreement the Issuer assumed all outstanding options to purchase shares of Altimmune capital stock on a 0.749106:1 basis upon
- $2. \ The \ option \ is \ currently \ exercisable \ to \ purchase \ 6,716 \ shares \ of \ the \ Issuer's \ common \ stock, \ par \ value \ \$0.0001 \ ("Common \ Stock").$  The \ remaining \ portion \ of \ the \ option \ will \ vest on \ 12/4/2017.
- 3. The option is currently exercisable to purchase 4,477 shares of Common Stock. An additional 25% of the option will vest on each of 12/3/2017 and 12/3/2018.
- 4. The option is currently exercisable to purchase 2,809 shares of Common Stock. An additional 25% of the option will vest on each of 3/2/2018, 3/2/2019, and 3/2/2020.

### Remarks:

/s/ Ori Solomon, Attorney in

05/08/2017

\*\* 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.