FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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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* <u>Eisenstadt Richard I</u>						2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ ALT ]								eck all applic Directo	onship of Reporting all applicable) Director		10% Ow	ner
(Last) (First) (Middle) C/O ALTIMMUNE, INC., 910 CLOPPER ROAD, SUITE 201S					Date o		est Trans	saction (M	lonth/	Day/Year)	]	below)	Officer (give title below)  Chief Fina		Other (s below) Officer	pecify		
				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)					
(Ctt)					-									X Form fi	led by One	Repo	rting Person	
(Street) GAITHERSBURG MD 20878					Form filed by More than One Reporting Person										ing			
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - Noi	n-Deriv	vativ	e Se	curit	ies Ac	quired,	Dis	posed c	f, or Be	neficiall	y Owned				
Da			Date	Transaction ate Ionth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquirities Acquiriti				Securitie Benefici	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3	tion(s)			(Instr. 4)
Common	on Stock, par value \$0.0001 12/29			9/202	/2023			М		12,50	0 A	<b>\$0</b> <sup>(1)</sup>	36	36,335		D		
Common	Stock, par	value \$0.0001		12/29	9/202	3			F <sup>(2)</sup>		3,044	D	\$11.2	5 33	33,291 D			
		7	Table II -									or Bend ble secu		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 Date if any (Month/Day/Ye	Date,	4. Transacti Code (Ins 8)				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 (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	12/29/2023			M			12,500	(3)		(3)	Common Stock, par value	12,500	\$0.00	25,000	0	D	

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of Common Stock, par value \$0.0001, when vested.
- 2. Vesting transaction: Shares surrendered to the Issuer solely to cover taxes associated with vesting of RSUs.
- 3. The RSUs become vested and exercisable over four (4) years with 25% of the shares vesting on December 31, 2022, with the remainder vesting in equal annual installments for the following three (3) years, subject to the reporting person's continued service through the applicable vesting date, and have no expiration date.

/s/ Richard I. Eisenstadt

01/02/2024 \*\* 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.