FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
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Name and Address of Reporting Person* Harris Matthew Scott						2. Issuer Name and Ticker or Trading Symbol Altimmune, Inc. [ALT]								eck all appli Directo	tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) C/O ALTIMMUNE, INC., 910 CLOPPER ROAD, SUITE 201S						3. Date of Earliest Transaction (Month/Day/Year) 02/28/2022								helow)				,	
(Street) GAITHERSBURG, MD 20878						4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3		(Zip)	n Dori	vativ	o So	curit	tios Ac	quired	Die	nosed o	of or Bo	noficial	ly Owner					
1. Title of Security (Instr. 3)			2. Trans	ransaction 2 e I		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)		d (A) or	5. Amou Securitie Benefici Owned	int of es ially Following	Form: (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, par value \$0.0001 02/28/3				8/2022	2022		М		30,000) A	\$1.921	.3 41	41,545		D				
Common Stock, par value \$0.0001 02/28/2				8/2022	2022		S ⁽¹⁾		30,000) D	\$7.52	2) 11	11,545		D				
		-	Table II -								osed of, convertil			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)		e	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Stock Options (option to buy)	\$1.9213	02/28/2022			М			30,000	(3)		01/02/2030	Common Stock, par value \$0.0001	30,000	\$0.00	31,400		D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$7.30 to \$7.70, inclusive. The reporting person undertakes to provide to Altimmune, Inc., any security holder of Altimmune, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 3. Twenty-five percent of the shares underlying the option became vested and exercisable on January 2, 2021 and the remaining 75% of the shares underlying the option become vested and exercisable in substantially equal monthly installments over the 36 months following January 2, 2021, subject to the reporting person's continued service through the applicable vesting date.

/s/ Kent Tapper, as Attorney-in-03/02/2022

Fact

** 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.