FORM 4

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

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

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

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours nor roomanas	. 0.5									

1. Name a  Drutz  (Last)  C/O AL	<u>David</u>	Reporting Person*	•	. 1100	or Se	ection 3	30(h) c	f the Í	nvestme	ent Co	ties Exchang mpany Act o	f 1940							
(Last) C/O AL	<u>David</u>	Reporting Person*	,		2. Iss	suer Na													
(Last) C/O AL			Name and Address of Reporting Person*     Drutz David				2. Issuer Name <b>and</b> Ticker or Trading Symbol Altimmune, Inc. [ ALT ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
C/O AL	(Fi		Ditte David											X Direc					
							3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022								er (give titl v)	е	Other below	(specify	
910 CL	C/O ALTIMMUNE, INC.,																		
	OPPER RO	AD, SUITE 2018	S 		4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					1								-	- /	filed by C	ne Re	porting Per	son	
GAITHERSBURG MD 20878													Form filed by More than One Reporting Person				porting		
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	, Dis	posed of	, or Be	nefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				and Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			msu. 4)	
Commo	n Stock, par	value \$0.0001		06/15/2	022		P 1,000 A \$8 20,012						D						
Common Stock, par value \$0.0001													33	33			See Footnote <sup>(1)</sup>		
		Tal	ble II -								osed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ixercise (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year)			sinsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e s ally g	Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)			
Common	n Stock, par  Stock, par  2. Conversion or Exercise Price of Derivative	value \$0.0001  value \$0.0001  Tal	SA. De Execuir any	2. Transact Date (Month/Day  06/15/2  - Derivati (e.g., pu	ion //Year)  022  ive Sets, ca  4.  Transa Code (	2A. Do Executif and (Monte	tites / Nurra  5. Nu of Deriv Secu Acqui (Instri	Acquants, mber rative rities rised r osed 1.	3. Transa Code ((8) Code P	Dispons, o	Amount  1,000  Osed of, oconvertib	(A) or (D)  A  Or Ben le sect  7. Title a Amount Security Underly Derivati Security 3 and 4)	Price \$8  eficial Jrities and of es ing ve // (Instr.	5. Amount Securitie Beneficia Owned F Reported Transact (Instr. 3 a 20, 3.	ont of sally collowing in collo	ibición de ct	Form: (D) or g (I) (Ins	D  I  D  I  D  Ownershipties cicially ied ction(s)	

## **Explanation of Responses:**

1. Represents Common Stock held by Pacific Biopharma Associates, LLC, of which the reporting person is the President.

/s/Richard Eisenstadt, as Attorney-in-Fact

\*\* Signature of Reporting Person Date

06/16/2022

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.