

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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

1. Name and Address of Reporting Person* <u>VELOCITY PHARMACEUTICAL HOLDINGS LLC</u> (Last) (First) (Middle) 400 OYSTER BLVD. SUITE 202 (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/12/2019	3. Issuer Name and Ticker or Trading Symbol <u>Altimmune, Inc. [ALT]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	1,887,250 ⁽¹⁾	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>VELOCITY PHARMACEUTICAL HOLDINGS LLC</u> (Last) (First) (Middle) 400 OYSTER BLVD. SUITE 202 (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Collier David J</u> (Last) (First) (Middle) C/O VELOCITY PHARMA MANAGEMENT, LLC 400 OYSTER BLVD., SUITE 202 (Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Watson James F</u> (Last) (First) (Middle)		
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C/O VELOCITY PHARMA MANAGEMENT, LLC
400 OYSTER BLVD.. SUITE 202

(Street)
SOUTH SAN FRANCISCO CA 94080

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Velocity Pharma Management, LLC

(Last) (First) (Middle)
400 OYSTER BLVD.
SUITE 202

(Street)
SOUTH SAN FRANCISCO CA 94080

(City) (State) (Zip)

Explanation of Responses:

1. The shares are directly held by Velocity Pharmaceutical Holdings LLC ("VPH"). Velocity Pharma Management, LLC ("VPM") is the manager of VPH. David J. Collier and James F. Watson are the managing members of VPM, and as such may be deemed to hold shared voting and dispositive power over the shares held by VPH. Mr. Collier and Mr. Watson disclaim beneficial ownership of the shares held by VPH except to the extent of their pecuniary interest therein.

Remarks:

By: /s/ David J. Collier, as a
Reporting Owner and in his
capacity as managing member
of Velocity Pharma
Management, LLC, the
manager of Velocity
Pharmaceutical Holdings LLC,
and by power of attorney on
behalf of James F. Watson

02/14/2020

** 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 5 (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.