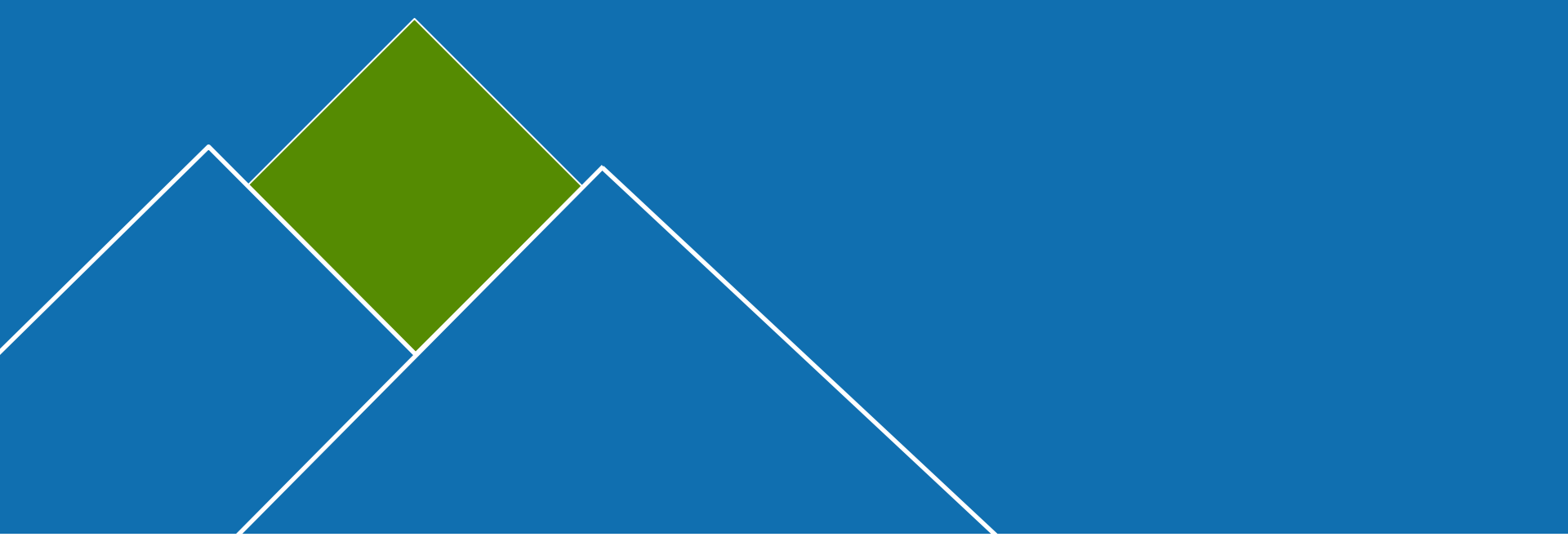


altimmune

CORPORATE PRESENTATION

November 2017

FORWARD-LOOKING STATEMENT DISCLOSURE

Any statements made in this presentation relating to future financial or business performance, conditions, plans, prospects, trends, or strategies and other financial and business matters, including without limitation, the prospects for commercializing or selling any products or drug candidates and available cash and cash commitments, are forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. In addition, when or if used in this press release, the words “may,” “could,” “should,” “anticipate,” “believe,” “estimate,” “expect,” “intend,” “plan,” “predict” and similar expressions and their variants, as they relate to Altimmune, Inc. (the “Company”) may identify forward-looking statements. The Company cautions that these forward-looking statements are subject to numerous assumptions, risks, and uncertainties, which change over time. Important factors that may cause actual results to differ materially from the results discussed in the forward-looking statements or historical experience include risks and uncertainties, including risks relating to: realizing the benefits of the merger between Altimmune, Inc. and PharmAthene, Inc.; clinical trials and the commercialization of proposed product candidates (such as marketing, regulatory, product liability, supply, competition, dependence on third parties and other risks); the regulatory approval process; dependence on intellectual property; the Company’s BARDA contract and other government programs, reimbursement and regulation; and the lack of financial resources and access to capital to fund proposed operations. Further information on the factors and risks that could affect the Company’s business, financial conditions and results of operations are contained in the Company's filings with the U.S. Securities and Exchange Commission, including under the heading “Risk Factors” in the Form 10-K filed March 14, 2017, Form 10-Q filed August 14, 2017 and in the Form 8-K filed on August 17, 2017, which are available at www.sec.gov.

The statements made herein speak only as of the date stated herein, and any forward-looking statements contained herein are based on assumptions that the Company believes to be reasonable as of this date. The Company undertakes no obligation to update these statements as result of new information or future events.

ALTIMMUNE INVESTMENT HIGHLIGHTS

altimmune

Company	• NASDAQ: ALT • HQ in Gaithersburg, MD, currently employs 31 FTEs in Gaithersburg and London
Products	• A portfolio of promising clinical and preclinical product candidates targeting attractive commercial markets • Product candidates with clear advantages over current std of care
Platforms	• Innovative platform technologies for continued growth
Additional Opportunities	• A strong competitive position in the anthrax vaccines market – $230 million in annual sales • The opportunity to leverage existing government contracting expertise to provide current and near-term revenue
Financial Details	• $17.1M of cash at the end of 3Q17. Sufficient to get into 2019 and several key clinical milestones

PRODUCT PIPELINE

Novel product candidates utilizing new approaches to engage the immune system, offering fundamental advantages over competing therapies

PRODUCT	NEAR-TERM MILESTONES	PRECLINICAL	PHASE 1	PHASE 2
NasoVAX	Ongoing Phase 2 Initial data expected 1Q18	Seasonal Influenza		
	Development in concert with seasonal indication	Pandemic Influenza		
HepTcell	Ongoing Phase 1 Initial data expected 4Q17	Chronic Hepatitis B		
SparVax-L	Rabbit bridging study 4Q17 Data expected 1Q18	Anthrax Vaccine		
NasoShield	Phase 1 starts 1Q18 Data expected 2Q18	Anthrax		

RespirVec Technology | **Densigen Technology** | **Recomb. Protein Technology**

PROPRIETARY PLATFORM TECHNOLOGIES

Two distinct, complementary vaccine platform technologies activate the immune system in different ways than traditional vaccines

RespirVec

- Product Candidates
  - **NasoVAX**
  - **NasoShield**
- Replication-deficient adenovirus delivered intranasally to upper respiratory tract
- Early and broad activation of the immune system including antibody, cellular, mucosal and innate arms
- Rapid production cycle

Densigen

- Product Candidates
  - **HepTcell**
- Activation of T cells to kill diseased cells
- Innovative peptide modification improves immunogenicity (fluorocarbon tail)
- Ability to target multiple pathogen antigens simultaneously
- Strong, directed cellular responses without HLA restriction

NasoVAX SEASONAL INFLUENZA VACCINE

NasoVAX

MARKET	• Global influenza market to reach $10.2 billion by 2022[1] • $2.0 billion annual U.S. flu vaccine market[2] • Annual deaths on par with breast cancer in the U.S.[3] with average annual vaccine efficacy of 40% between 2005-2015[4] • FluMist $288M in 2015[5]
NASOVAX KEY DIFFERENTIATORS	• Broad cross-protection against mis-matched virus strains • Rapid protection (days rather than weeks) • Mucosal immunity at site of infection • Use in special populations, including the young and old • Faster, cheaper manufacturing cycle
UPCOMING MILESTONES	• Phase 2 enrollment ongoing • Initial data expected 1Q18

[1]Research and Markets: Trends and Opportunities Report, [2]World Health Organization,[3]Journal of Epidemiology [4]CDC, [5]AstraZeneca FY15 financial results

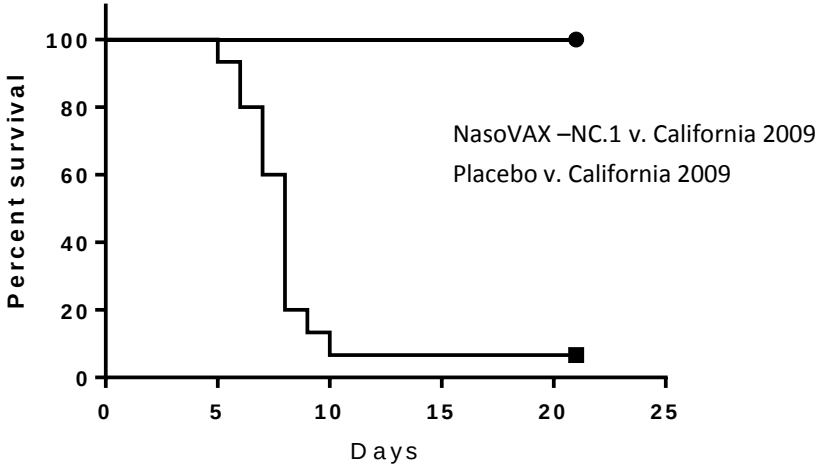
NasoVAX PRECLINICAL DATA

NasoVAX

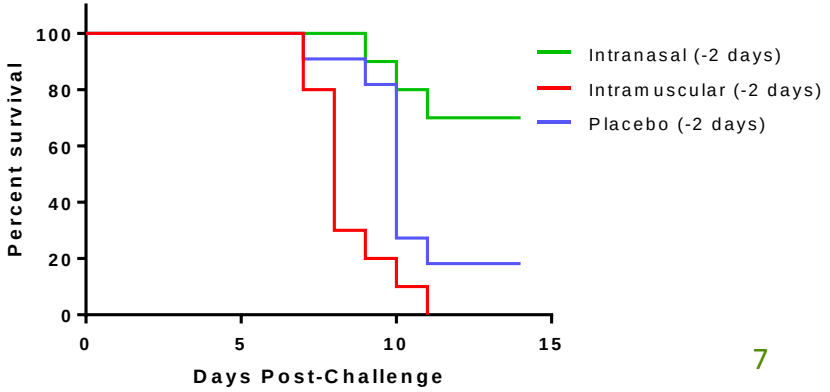
Influenza candidate based on RespirVec platform

- Vaccination led to cross-protection across multiple influenza strains in mice
  - Expected to protect even if virus changes after vaccine manufactured
- Intranasal route provides rapid protection
  - Superior protection in 2 days
  - Rapid protection indicates activation of innate immune system, not just antibody-development

Protection against divergent influenza strain



Rapid protection within 2 days



NasoVAX: PHASE 2 CLINICAL DEVELOPMENT

NasoVAX

Monovalent H1 Proof of Concept Study ***Initial data 1Q 2018***	• Safety & immunogenicity of single intranasal dose (3 dose levels) – 60 healthy adult volunteers • Evaluation of antibody response to both matched and divergent strains • Cellular, innate and mucosal immunity
Quadrivalent Dose Ranging Study ***FPI 2H 2018***	• 3 cohorts of healthy adults including healthy elderly (150 subjects) • Will include active comparator with licensed seasonal vaccine • Antibody response and other measures of immunogenicity assessed one month post-vaccination and at later timepoints to assess durability
Quadrivalent Dose Confirmation	• Approximately 350 additional subjects to expand safety and immunogenicity data set on chosen dose in prep for EOP2 • Timing to overlap influenza season so that initial look at protective efficacy may be feasible • May run parallel studies in high risk special populations

HepTcell

HepTcell

Phase 1 Chronic Hepatitis B immunotherapeutic using the Densigen technology

- T cell activating approach offers potential for disease cure
- Ongoing Phase 1, initial data expected 4Q17
- Coverage against all known HBV strains expected
- Designed for genetically diverse populations (Asian, African, etc.)
- 240 million people chronically infected worldwide with >1 million HBV-related deaths/year[6] and a ~$3 billion global market[7]
- Currently licensed therapies control but do not eliminate chronic infection

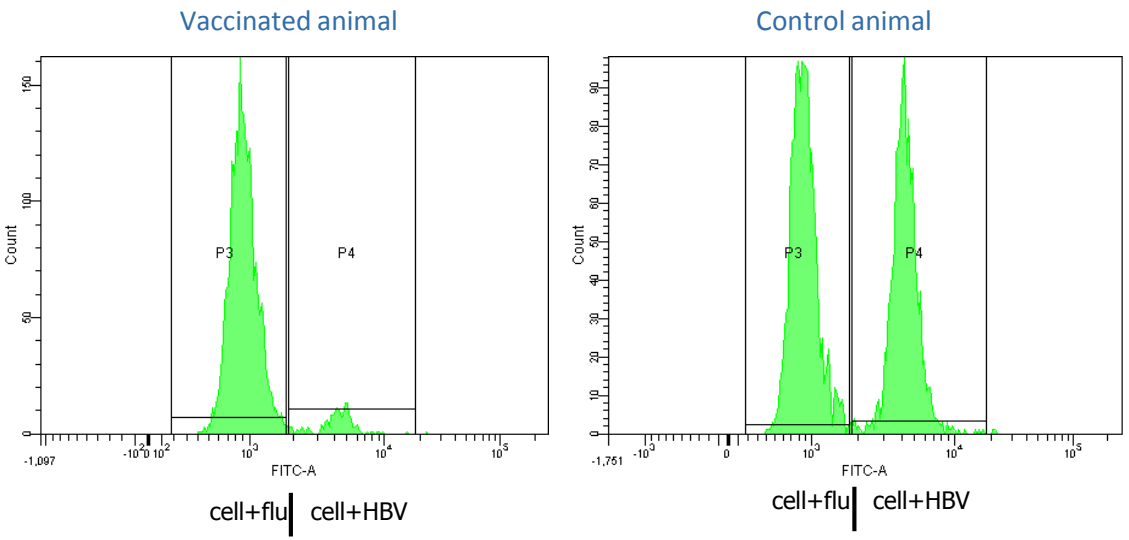
[6] Hepatitis B Foundation
[7] Hepatitis B Therapeutics in Major Developed Markets to 2021, GBI Research, Sep. 2015

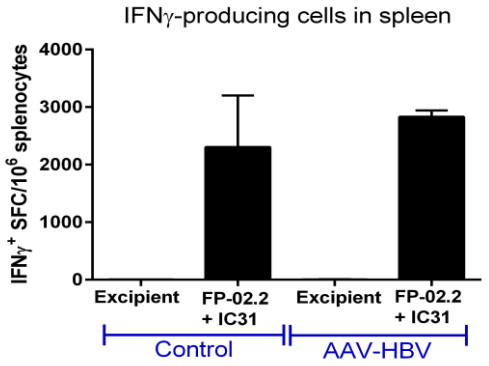
HepTcell: PRECLINICAL DATA

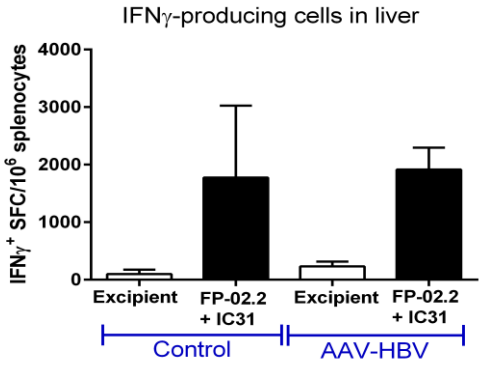
HepTcell

- **Elicits killing of autologous cells 'infected' with HBV**
  - Mouse cells with either HBV proteins or unrelated viral proteins injected into mice vaccinated with HepTcell
  - Within 1 day, 91.7% of HBV loaded cells were eliminated

- **Surmounts HBV-induced immune tolerance**
  - Immunized mice generated robust T cell response in presence of HBV infection







HepTcell: CLINICAL DEVELOPMENT

HepTcell

Phase 1	Phase 2
Initial data available 4Q 2017, late safety complete immunogenicity and biomarkers in 1H 2018	**2018**

Double-blinded, placebo-controlled trial in 60 patients

- Chronic Hepatitis B disease population controlled with tenofovir or entecavir
- Dosing at Days 1, 29, and 57
- Low vs high dose HepTcell ± IC31 adjuvant
- Controlled for placebo and IC31 effects

Study Objectives

- Primary: Assess safety and tolerability
- Secondary: T cell response
- Exploratory: Quantitative HBsAg levels

- Confirm dose and explore schedule based on P1 results
- Global study under IND to start 4Q 2018
- Anticipate 120 - 200 patients

FUTURE GENERATION ANTHRAX VACCINES

Naso Shield

SparVax-L

BioThrax (Anthrax Vaccine Adsorbed, Emergent BioSolutions)	• Only anthrax vaccine with FDA approval • $237 million in sales in 2016[8]
Important Limitations of BioThrax	• Protection requires 6 months and 3 injections[9] • Injection site local adverse reactions in 60-80% of subjects after first dose[9]
AltImmune: two government funded, complementary, next generation anthrax vaccines	• SparVax-L – $15M NIAID contract • NasoShield – $127M BARDA contract • *No additional investment by AltImmune in either of these programs*

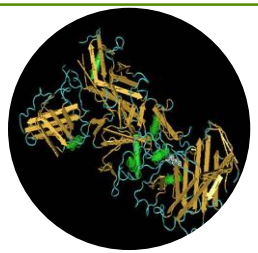
[8] Emergent BioSolutions Inc. website; [9] BioThrax MSDS

FUTURE GENERATION ANTHRAX VACCINES

Naso Shield

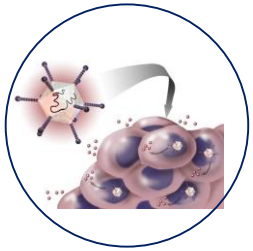
SparVax-L

SparVax-L Recombinant Protective Antigen (rPA) Anthrax Vaccine



- Next generation lyophilized anthrax vaccine (NIAID funded)
- Highly purified recombinant protective antigen
- Rabbit bridging study to be initiated 4Q17
- Enhanced convenience and cost-effectiveness (PEP regimen)
  - 2 dose IM regimen
  - Enhanced convenience (prefilled syringe)
  - >6 year shelf life
- Vaccine efficacy equal to or better than the licensed product
- SparVax-L suited to fulfill stockpile requirement

NasoShield Recombinant Vector Anthrax Vaccine



- Next generation anthrax vaccine (BARDA funded)
- First-in-class virally vectored recombinant PA vaccine
  - Safe viral vector cannot replicate
- Efficacy of single intranasal dose non-inferior to multiple injections of approved vaccine (BioThrax)
- Protective immunity threshold reached in half the time and more durable than rPA-based vaccines
  - Protection predicted in 2 versus 5 weeks
- Intranasal route for convenience and simplicity
- Highly stable at refrigerated and ambient temperatures
- NasoShield suited to fulfill stockpile requirement

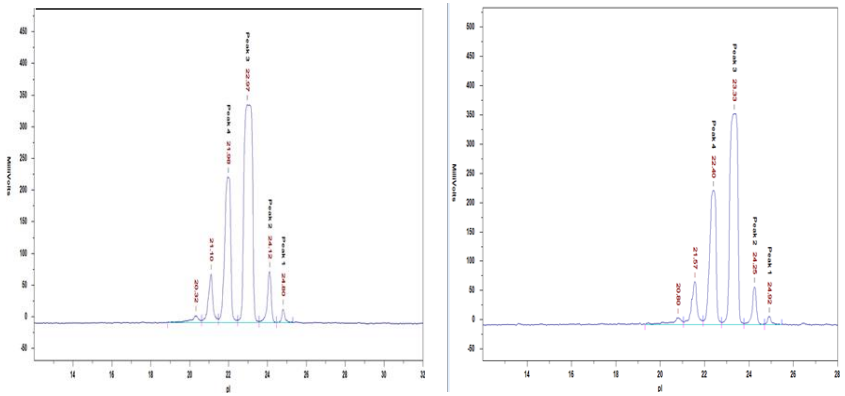
SPARVAX-L AND NASOSHIELD: PRECLINICAL DATA

Naso Shield

SparVax-L

SparVax-L has Maximum Stability

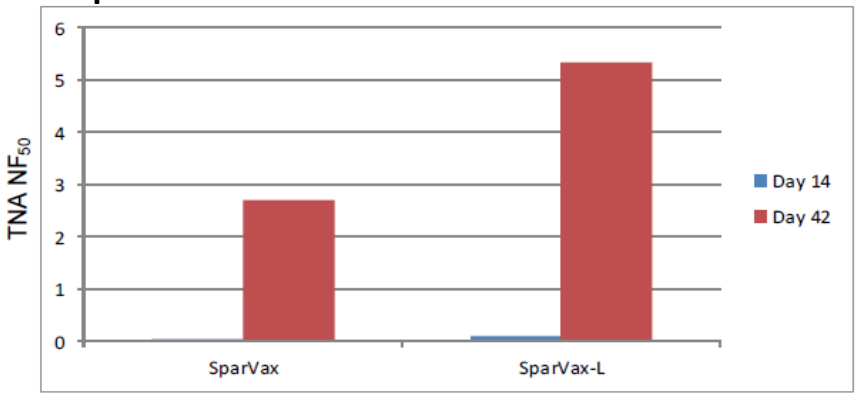
Storage at refrigerator temperature



Reference Standard

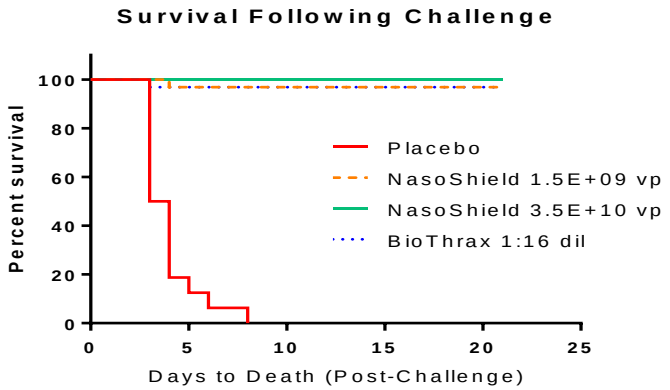
Lyophilized 6 years at 2-8° C

Superior immunogenicity of SparVax-L vs SparVax

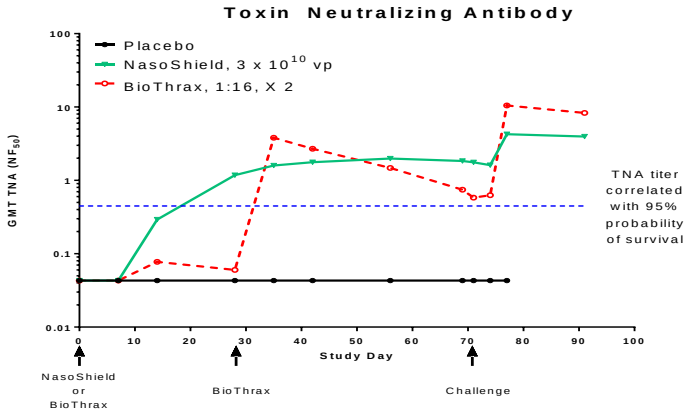


NasoShield— Single Dose

Non-inferiority vs BioThrax



Faster, more durable protection



ANTHRAX VACCINE PROGRAMS

NasoShield, Phase 1 N=145	SparVax-L, Rabbit
Q1 2018	**4Q 2017**
Design: • 4 escalating dose cohorts with single intranasal dose • 1 additional cohort with highest dose repeated at day 21 • Intranasal placebo control for each cohort • Also randomized to open label AVA comparator	**Design:** • Single IM dose compared to a two dose regimen at 0 and 14 days • Animals challenged at 28 days • Placebo controlled • AVA control
Endpoints: • Safety and immunogenicity	**Endpoints:** • Survival • Toxin neutralizing antibody assay

Milestones

We expect $17.1 million of cash (as reported 3Q17), plus BARDA and NIAID contract revenue, to be sufficient to fund milestones into 2019.

3Q 2017	NasoVAX Phase 2 trial initiated
4Q 2017	SparVax-L rabbit bridging study
	HepTcell initial Phase 1 data
1Q 2018	NasoShield Phase 1 trial initiation
	NasoVAX initial Phase 2 data
	SparVax-L rabbit data
2Q 2018	NasoShield initial Phase 1 data

STRONG EXECUTIVE MANAGEMENT TEAM

altimmune

Bill Enright *President and Chief Executive Officer*	GenVec ThermoFisher Scientific
Elizabeth A. Czerepak *Chief Financial Officer and Executive Vice President of Corporate Development*	Cancer Genetics Incorporated Bear Stearns
Scot Roberts, Ph.D. *Chief Scientific Officer*	ImQuest BioSciences Wellstat Group of Companies
Sybil Tasker, M.D., MPH, FACP, FIDSA *Chief Medical Officer*	genocea BIOSCIENCES Department of Defense, United States of America

BOARD OF DIRECTORS

Extensive Experience:

- Public company Board members in the life sciences industry
- Valuable guidance and relationships for ongoing efforts

David Drutz, M.D. (Chairman)	Chairman
Bill Enright	CEO and Director
Philip Hodges	Director
Klaus Schafer, M.D.	Director
Mitchel Sayare, Ph.D.	Director
John M. Gill	Director
Derace Schaffer, M.D.	Director

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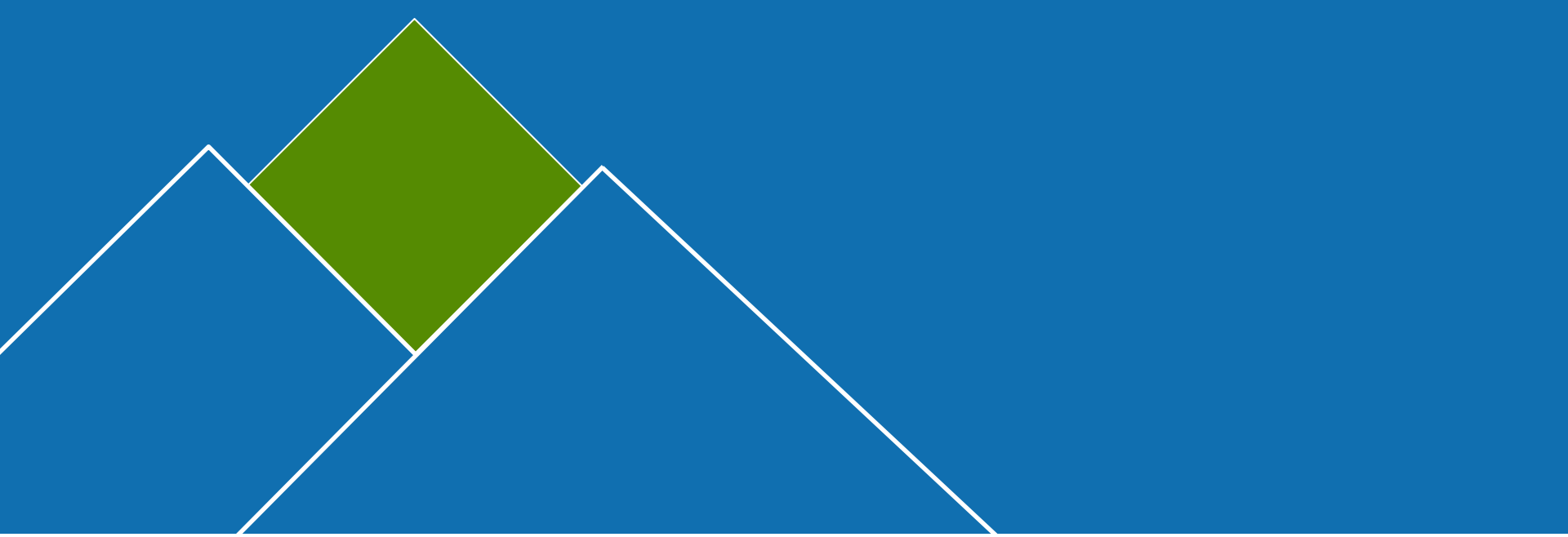

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