FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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* STAAB THOMAS R II | | | | | | BIOCRYST PHARMACEUTICALS INC [BCRX] | | | | | | | | ck all applic Director Officer | able) | g Perso | 10% Ow Other (s | ner | |
|--|---|--|--|------|------------------------------|--|---|-----|------------------------------------|-------|--------------------|----------------------------|--|---|---|---|--|--|--|
| (Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2013 | | | | | | | | below) | r Vice Pro | esider | below) nt and CFC |) | |
| (Street) DURHAM NC 27703 | | | | | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Li | | | | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | <i>a</i> | | | | | | |
| Table I - Non-Deriv. 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | | nsactio | n | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securiti | es Acquire Of (D) (Inst | d (A) or | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | Transaction(s) (Instr. 3 and 4) | | 1 | Instr. 4) | |
| Common Stock 01/01 | | | | | | 13 | | | A | | 8,500(1 | 1) A | \$0 | 41, | 41,364 | | D | | |
| Common Stock 01/01 | | | | | | 13 | | | A | | 8,500(2 | 2) A | \$0 | 49, | 49,864 | | D | | |
| | | | Table II - | | | | urities A ls, warra | | , | | , | | • | 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 D if any (Month/Day/ | ate, | 4. Transa Code (8) | | Derivative | | 6. Date E Expiratio (Month/D | n Dat | | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s ully g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | ion(s) | | | |
| Emp. Stock Option (Right to Buy) | \$1.42 | 01/01/2013 | | | A | | 50,000 ⁽³⁾ | | 01/01/20 |)14 | 01/01/2023 | Common Stock | 50,000 | \$0 | 50,00 | 00 | D | | |
| Emp. Stock Option (Right to Buy) | \$1.42 | 01/01/2013 | | | A | | 50,000 ⁽⁴⁾ | | 01/01/20 |)14 | 01/01/2023 | Common Stock | 50,000 | \$0 | 50,00 | 00 | D | | |

Explanation of Responses

- 1. Annual Employee Restricted Stock Award. Will vest 25% on each of the first, second, third and fourth anniversaries of the date of grant.
- $2. \ Retention \ Restricted \ Stock \ Award. \ Will \ vest \ 50\% \ on \ each \ of \ the \ first \ and \ second \ anniversaries \ of \ the \ date \ of \ grant.$
- 3. Annual Employee Option Grant becomes exercisable at the rate of 25% on each of the first, second, third and fourth anniversaries of the date of grant.
- 4. Retention Employee Stock Option becomes exercisable at a rate of 505 on each of the first and second anniversaries of the date of grant.

/s/ Alane Barnes, by power of attorney

01/04/2013

** 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.