FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

- 1						
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	Estimated average bu	rden				
	hours per response:	0.5				

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

## Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							()	0										
Name and Address of Reporting Person*     Erck Stanley C				2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ETCK Stalley C			BCRX ]									X Directo	r		10% Ov	vner		
(Last) (First) (Middle)				,		_							_	Officer below)	(give title		Other (s below)	specify
4505 EMPEROR BLVD.					3. Date of Earliest Transaction (Month/Day/Year)													
				05/0	05/02/2014													
SUITE 2	.00				1 If	Δmer	ndment l	Date	of Original File	d (Month	/Dav	//Vear)	6.11	ndividual or 1	oint/Group	Filing	(Check An	nlicable
(044)				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)  DURHA	M N	C	27703											X Form f	led by One	Repo	rting Perso	n
DORHAM NC 27/05												Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tal	ole I - Non	-Deriva	ative	Se	curitie	s Ac	quired, Di	spose	d of	f, or Ber	neficial	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ar)   Ē	2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Disposed Code (Instr. 5)		es Acquire Of (D) (Inst		Benefici Owned F	es Fo ally (D Following (I)	Form (D) or	Ownership orm: Direct O) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amou	nt	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)	
									uired, Dis s, options,					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/Year)	Co	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e C s F ally C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisable	Expirati Date	on	Title	Amount or Number of Shares					
Automatic Stock Option Grant <sup>(1)</sup>	\$8.47	05/02/2014			A		15,000		06/02/2014 <sup>(2)</sup>	05/02/20	)24	Common Stock	15,000	\$0	15,00	0	D	

## **Explanation of Responses:**

- $1.\ Automatic\ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plan.$
- 2. Vests 1/12 per month over twelve months beginning June 2, 2014.

/s/ Alane P. Barnes, by power of 05/06/2014 <u>attorney</u>

\*\* 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.