| SEC | Form | 4 |
|-----|------|---|
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Automatic Stock Option

Grant⁽¹⁾

\$<mark>8.4</mark>7

Explanation of Responses:

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

| | or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | | | | | | | | |
|--|--|-------|---------------|-------------------|---|--|---|-------------------------------------|--|--|-----|-----------------------------------|---|--|--|--|--|---------|------------|-------|
| 1. Name and Address of Reporting Person* LEE KENNETH B JR | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | BC | CRX |] | | | | | | | | 2 | X Director 10% Owner | | | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | _ | Officer below) | (give title | Other (sp below) | | specify | | |
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2014 | | | | | | | | | , | | | , | | | |
| (Street) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. In Line | ndividual or Joint/Group Filing (Check Applicable e) | | | | | | | |
| DURHA | M N | С | 27703 | | | | | | | | | | | | 2 | X Form filed by One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Form fi Person | , | e than | One Repo | rting |
| | | Tal | ole I - Noi | n-Deriv | vativ | ve Se | ecuritie | s Ac | quired | l, Dis | spo | sed of | f, or B | ene | ficially | y Owned | | 1. | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | /Day/Year) if | | 2A. Deemed Execution Date if any (Month/Day/Yea | | , Transaction Disposed Code (Instr. 5) | | ties Acquired (A) Of (D) (Instr. 3, 4 | | | Securitie Beneficia Owned F | ecurities Fe eneficially (D wned Following (D | | vnership :: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | A | mount | (A) (D) | or | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any C | | | iransa Code (I | ansaction of ode (Instr. Derivative | | | 6. Date I Expiration (Month/I | e and | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | s Security 4) | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | e s dly g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | | | | | - I • | Amount or | | | | | |

Date Exercisable

06/02/2014⁽²⁾

Expiration Date

05/02/2024

2. Vests 1/12 per month over twelve months beginning June 2, 2014.

05/02/2014

/s/ Alane P. Barnes, by power of 05/06/2014

\$<mark>0</mark>

15,000

D

<u>attorney</u>

Title

Commor

Stock

** Signature of Reporting Person Date

of Shares

15,000

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

1. Automatic non-employee director grant pursuant to the BioCryst Pharmaceuticals, Inc. Stock Incentive Plan.

* 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).

Code V

Α

(A)

15,000

(D)

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.