FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ngton, D.C. 20549	OMB APPROVAL

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	OMB Number:	3235-0287					
	Estimated average burde	n					
	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).

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

1. Name and Address of Reporting Person* Sheridan William P				<u>I</u>	2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]							(Ched	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specif					
(Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2012							X	X Officer (give title Other (specify below) SR VP - CMO					
(Street) DURHAM NC 27703 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transc Date (Month/L				te	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Beneficial Owned Fo	ly (6. Owners Form: Dir D) or Ind I) (Instr. 4	ect In irect B 4) O	7. Nature of ndirect Beneficial Ownership			
								Code	/	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 ar	saction(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)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	y Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transactio (Instr. 4)	n(s)			
Emp. Stock Option (Right to Buy)	\$5.59	03/09/2012		A		100,000(1)		03/09/2015	5 0	03/09/2022	Common Stock	100,000	\$0	100,000)	D		

Explanation of Responses:

1. The Award will vest in its entirety three years after the Grant Date.

/s/ Michael Richardson, by 03/12/2012 power of attorney

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).