FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287						
Estimated average burden							
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

Name and Address of Reporting Person*     Hutson Nancy J						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [ BCRX ]							[ (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Tittson ivancy 5					BO									X Directo	r	109	Owner		
					·	- 1									(give title		er (specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								below)		belo	w)		
64 MONTAUK AVENUE						01/20/2012													
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)				Line)						,	an filed by Our Departure Departure								
STONINGTON CT		06378												, , , , , , , , , , , , , , , , , , ,					
(City) (State) (Zip)			-									Form filed by More than One Reporting Person							
(City)	(3	state)	(Zip)																
		Tal	ole I - Non	-Deriv	vativ	e Se	curities	Acc	quired, D	Disp	osed o	f, or Ber	neficial	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			Code (Instr. 5)			d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F	s F	6. Ownership Form: Direct D) or Indirec I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
				Code				v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)				
												<u> </u>							
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	Date Exe (Month/Day/Year) if a	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		9	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 Transaction(s	Owner Form: Direct or Indi (I) (Inst	Beneficial Ownership ect (Instr. 4)		
									Date		Expiration		Amount or Number of		(Instr. 4)				
					Code	v	(A)	(D)	Exercisable		Date	Title	Shares						
Non- Qualified Stock Option	\$2.85	01/20/2012			A		8,333 <sup>(1)</sup>		02/20/2012	2	01/20/2022	Common Stock	8,333	\$0	8,333	D			

## **Explanation of Responses:**

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

/s/ Michael Richardson, by 01/23/2012 power of attorney

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.