FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

	OMB APPROVAL											
	OMB Number:	3235-0287										
	Estimated average burden											
- 1	hours nor roomanas	. 0.5										

	tion 1(b).	ide. dee		Filed							es Exchang npany Act o		1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* HEGGIE THERESA (Last) (First) (Middle) 4505 EMPEROR BOULEVARD					2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX] 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2022										elationship of Reporti cck all applicable) V Director Officer (give title below)			10% O	wner (specify
(Street)	DURHAM NC 27703										. Indivine)	-,							
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execu ay/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Disposed Code (Instr. 8)		es Acquired (A Of (D) (Instr. 3		or and	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Pric	9	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock ⁽¹⁾ 08/31/				/2022			A		404	A	A \$13.9		30,633			D			
		Tal									osed of, o				Owne	t			
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities iired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4)		unt per		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

 $1.\ Shares\ of\ Common\ Stock\ is sued\ to\ the\ reporting\ person\ in\ lieu\ of\ 50\%\ of\ the\ quarterly\ cash\ Board\ Member\ retainer\ of\ \$11,250$

/s/ Alane P. Barnes, by power of attorney ** Signature of Reporting Person

09/02/2022

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.