FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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).

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* INGRAM ROBERT ALEXANDER (Last) (First) (Middle) 280 S. MANGUM STREET SUITE 350 | | | | | | Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX] 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (Che | below) | cable) or (give title | 10% Ov Other (s below) | vner | |
|---|--|--|--|--------|-------------------------------|---|--|-----------------------------------|------------------|--|--------------------|--|----------------|---|---|---|-------------------------------------|--|---|
| (Street) DURHA (City) | URHAM NC 27701 | | | | | | | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Non | -Deriv | vative | e Se | curities | s Ac | quired | , Dis | posed c | of, or Be | ene | ficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Code | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) | | | | 5. Amou Securitie Benefici Owned F | es Fo ally (D) Following (I) | | n: Direct r Indirect estr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | v | Amount | t (A) or P | | Price | Transac | action(s) . 3 and 4) | | | (Instr. 4) | | | | |
| Common Stock 06/07/2 | | | | | | 2022 A 12,866 ⁽¹⁾ A | | \$0 | 95 | 95,004 | | D | | | | | | | |
| | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | ate, | 4. Transa Code (l 8) | | of Derivati Securiti Acquire (A) or Dispose of (D) (li | of Derivative Securities Acquired | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | s Blly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Ni of | umber | | | | | |
| Automatic Stock Option Grant ⁽²⁾ | \$10.79 | 06/07/2022 | | | A | | 30,022 | | 06/07/20 |)23 | 06/07/2032 | Common Stock | 30 | 0,022 | \$0 | 30,02 | 2 | D | |

Explanation of Responses:

- 1. Automatic non-employee director grant of Restricted Stock Units pursuant to the BioCryst Pharmaceuticals, Inc. Non-Employee Director Compensation Policy (the "Director Compensation Policy"), which will vest on the first anniversary of the date of grant.
- 2. Automatic non-employee director grant of stock options pursuant to the Director Compensation Policy.

/s/ Alane P. Barnes, by power 06/09/2022 of attorney

** 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.