FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

OMB Number:	3235-0287
Estimated average burde	en
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 Sect	1011 30(11)	oi trie	investment C	ompany Ac	01 1940							
1. Name and Address of Reporting Person* LEE KENNETH B JR				2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LEE KENNETH BJK			X Directo								r		10% Ow	ner			
											— L		Officer (give title		Other (s	pecify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)						below)			below)			
4505 EMPEROR BLVD., SUITE 200					05/31/2013												
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)				and the state of original rinea (months bay) real)							Line)						
DURHAM NC 27703		27703									X Form filed by One Reporting Person						
,											Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)									reisui					
		Tol	bla I Non I	Dorivet	C.		- A	auirod D	onoood .	of or Box	aoficial	ly Owned					
			ble I - Non-I	Denvau	_			<u> </u>	-			y Owneu					
1. Title of Security (Instr. 3) 2. Tra		. Transacti Date	on		A. Deemed Execution Date.		3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4			or 5. Amount of Securities		6. Ownership Form: Direct		7. Nature of Indirect			
			Month/Day	(Year)	if any (Month/Day/Year)		Code (Instr. 5)			,	Beneficia	ally (D) o	(D) or	r Indirect E	Beneficial Ownership		
							ai) 0)	_				ı " "	(1) (111		(Instr. 4)		
								Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a					
			Table II - De	orivotiv	0 500	uritios	Λ	uirod Dic	nosad of	or Pone	ficially	Owned					
								s, options,				Owned					
1. Title of	2.	3. Transaction	3A. Deemed	4.	,	5. Numb	_				d Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative	Conversion	Conversion Date Execution Date, Transacti				saction of Expiration Date of Securities					ties	Derivative	derivative		Ownership	of Indirect	
Security or Exercise (Month/Day/Year) (Instr. 3) Price of		if any (Month/Day/Ye		(Instr.	Securities		(Month/Day/Year) Underlying Derivative Section			g Security	Security (Instr. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
Derivative Acquired (A) or Disposed of (D) (Instr.						(Instr. 3 a	nd 4)		Owned Following		or Indirect (I	(Instr. 4)					
					Diśposed								Reported		(1) (1113411 4)		
						3, 4 and							Transaction(s) (Instr. 4)				
					T					1	Amount	1					
											or Number						
				Code	. ,	(0)		Date	Expiration		of						
				Code	: V	(A)	(D)	Exercisable	Date	Title	Shares						
Automatic Stock								(3)		Common	15.000				_		
Option Grant ⁽¹⁾	\$1.71	05/31/2013		A		15,000		06/30/2013 ⁽²⁾	05/31/2023	Stock	15,000	\$0	15,000	U	D		

Explanation of Responses:

- $1. \ Automatic non-employee \ director \ grant \ pursuant \ to \ the \ Bio Cryst \ Pharmaceuticals, Inc. \ Stock \ Incentive \ Plan.$
- 2. Vests 1/12 per month over 12 months beginning June 30, 2013.

/s/ Alane Barnes, by power of <u>attorney</u>

06/03/2013

** 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.