FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | ROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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

| 1. Name and Address of Reporting Person* STEER RANDOLPH C | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|--------------------|---|----------|--|---|---------|--|--|--------|----------------------------|--|---|---|-------------------------------------|--|--|--|---------------------------------------|--|
| | | | | | В | | | | | | | | | X | | | | 10% Ov | | |
| (Last) (First) (Middle) 2190 PARKWAY LAKE DR | | | | | <u> </u> | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2004 | | | | | | | | | Officer (give title below) | | Other (s below) | | pecify | |
| | | | | | | | | | | | | | | | , | | | , | | |
| | | | | | 03 | 03/12/2004 | | | | | | | | | | | | | | |
| | | | | | - 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BIRMIN | СПУМ | ΛТ | 35244 | | | | | | | | | | | ine) X | Form fil | ed by One | Reno | rting Persor | , | |
| DIKIVIIN | GHAM | AL | 33244 | | | | | | | | | | | Λ | | • | | One Repor | | |
| (Cit.) | | (Ctata) | (7in) | | | | | | | | | | | | Person | | , tritari | One repor | ung | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tal | ble I - Nor | າ-Deriv | vativ | e Se | curitie | s Ac | quired, | Dis | posed of | f, or Be | nefici | ally | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ear) i | 2A. Deemed Execution Date if any (Month/Day/Yea | | , Transaction Disposed Code (Instr. 5) | | | ies Acquire Of (D) (Ins | | 4 and Securitie Beneficia Owned F | | es For ally (D) Following (I) | | Ownership rm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) P | | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| | | | Table II - | Deriva | ative | Sec | urities | Acq | uired, D | ispo | osed of, | or Ben | eficial | lly C | wned | <u> </u> | | | | |
| | | | | (e.g., p | puts, | , call | s, warr | ants | s, option | s, c | onvertib | ole secu | rities | () | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | Date, | 4. Transactior Code (Instr 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Stock Option | \$8.83 | 05/12/2004 | | | A | | 10,000 | | 06/12/2004 | (1) | 05/12/2014 | Common Stock | 10,0 | 00 | \$8.83 | 80,000 |) | D | | |

Explanation of Responses:

1. Vest at 1/12 of total grant from grant date.

Remarks:

s/Michael Richardson, by Power of Attorney

05/13/2004

** 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.