FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMEN [®]
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed p

T OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>HIGGINS JOHN L</u>						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX]									elationship of ck all applications	cable)	g Pers	son(s) to Iss 10% O	
(Last) 2190 PA		First) LAKE DRIVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2008										Officer (give title below)		Other (below)	specify
(Street) BIRMIN (City)	GHAM .	AL (State)	35244- (Zip)		4. If	f Ame	ndment, I	Date (of Original I	Filed	(Month/Da	ay/Year)		6. Ind Line)	Form f	iled by One	Repo	g (Check Ap orting Perso n One Repo	n
		Tal	ole I - Non	-Deriva	ative	e Se	curities	s Ac	auired.	Disi	posed o	of. or Be	nefi	cially	/ Owned				
1. Title of Security (Instr. 3) 2. Trans				2. Transa	action 2A. Deemed Execution Date			ed Date	3. Transac	ction	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			or	5. Amount of Securities Beneficially Owned Followin Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Table II - I						uired, D s, option						Owned			,	1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day/	ate, Tr	ransaction ode (Instr.				6. Date Ex Expiration (Month/Da	Date	of Securities			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	ode	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or	ount nber res					
Stock Option ⁽¹⁾	\$3.12	05/21/2008			A		15,000		06/21/200	8 0	05/21/2018	Common	15,	000	\$3.12	15,000)	D	

Explanation of Responses:

1. Automatic non-employee director grant

Michael Richardson by POA 05/23/2008

** 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.