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: 3235-028 | | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| - 1 | houre per rechance | . 0 = | | | | | | | | | |

| Instruc | tion 1(b). | | Fil | | | | | | | es Exchang npany Act o | | | 4 | | liouis | perie | эропас. | 0.5 |
|---|--|------------------------------|-----------------------------|--|--|-------|--|-------------------------------|--|---------------------------|--|--|---|--|--|---|-------------|-----|
| 1. Name and Address of Reporting Person* INGRAM ROBERT ALEXANDER (Last) (First) (Middle) 280 S. MANGUM STREET SUITE 350 | | | | BIC [BC | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2022 | | | | | | | (Che | 5. Relationship of Reporti Check all applicable) X Director Officer (give title below) | | | 10% Owner | | |
| (Street) DURHA (City) | M NO | | 7701 Zip) | 4. If A | Amendi | ment, | Date o | f Origina | l Filed | i (Month/Da | ıy/Year | r) | 6. Ind Line) | Form | r Joint/Grou filed by On filed by Mo on | ie Rep | orting Pers | on |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common Stock ⁽¹⁾ 05/ | | | | L/2022 | | | | A | | 2,078 | A | A | \$9.31 | 82 | 2,138 | | D | |
| | | Tal | ole II - Deriva (e.g., p | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| Derivative Conversion Date Execution Date, To Security Or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | Amou Secu Unde Deriv | elle and unt of urities erlying vative urity (Ind d 4) | nstr. | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 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 issued to the reporting person in lieu of quarterly cash Board Member retainer of \$20,000, prorated to \$19,347.83 based on the increase in the annual retainer fee effective April 18, 2022.

(D)

Date Exercisable

Expiration Date

/s/ Alane P. Barnes, by power of attorney

Number

of Shares

Title

06/02/2022

** 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.