FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 0.5

OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Babu Yarlagadda S						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX]									eck all a Di	ship of Reportir applicable) rector ficer (give title		Owner	
(Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200					11/1	3. Date of Earliest Transaction (Month/Day/Year) 11/18/2019									A be	Senior VP - Drug Discovery			
(Street) DURHAM NC 27703 (City) (State) (Zip)					4. If	 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line) X Form filed by One Reporting Posterior Form filed by More than One Reperson 									e Reporting Per	son			
(City)	(30			n-Deriva	 ative	Sec	uritie	s Acc	quired	, Dis	posed o	f, or	Bene	ficia	ly Ow	ned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)						Execution Date,			Transaction Disposed Code (Instr. 5)			ties Acquired (A) I Of (D) (Instr. 3, 4			Sec Ber Ow	mount of urities reficially ned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or D)	Price	Tra	orted nsaction(s) tr. 3 and 4)		(Instr. 4)	
Common Stock 11/18/					2019						25,000	0	A	\$1.45		155,587	D		
		Та									sed of, onvertib				Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		ransaction ode (Instr.		5. Number of		Exercis on Dat Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	3. Price (Derivativ Security Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of						

Explanation of Responses:

/s/ Alane P. Barnes, by power

11/18/2019

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.