FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVA

- 1										
	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).

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*					2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
STAAB THOMAS R II				- 1	BCRX ]							·	Director	nive title	10% Ov	· I	
(Look) (First) (Middle)												X	Officer (	give title	Other (specify below)		
(Last) (First) (Middle) 4505 EMPEROR BLVD					3. Date of Earliest Transaction (Month/Day/Year)								Senior Vice President and CFO				
SUITE 200					12/17/2019												
SUITE 200				4	If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable				
(Street)					2/19/2			- · · g · · · · · · · ·	- (		,	Line)					
DURHA	M N	C	27703									X		,	porting Persor		
				_									Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)														
		Ta	able I - Non-D	erivat	ive S	ecurities	Acq	uired, Di	ispo	osed of	, or Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Transac					ction 2A. Deemed 3. 4. Securities Acquired (A)					d (A) or	5. Amount	of 6.	Ownership	7. Nature of			
, , , , , , , , , , , , , , , , , , ,				Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Code (Instr.		Disposed	Of (D) (Inst	r. 3, 4 and 5)	Beneficial	lly (D) o	or Indirect	ndirect Beneficial	
								r) 8)				Owned Fo Reported	, , ,	(Instr. 4)	Ownership (Instr. 4)		
								Code V		Amount (A) or (D)		Price	Transactio				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			(e.g	j., put	s, ca	lls, warra	ınts,	options,	, co	nvertib	le secui	rities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
												Amount		(Instr. 4)	·		
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Number of Shares					
Emp. Stock Option (Right to Buy)	\$3.23	12/17/2019		A		127,000 <sup>(1)</sup>		12/17/2020	12	2/17/2029	Common Stock	127,000	\$0	127,000	D		

## **Explanation of Responses:**

1. Annual Employee Option Grant becomes exercisable at the rate of 25% on each of the first, second, third and fourth anniversaries of the date of grant.

/s/ Alane P. Barnes, by power of 12/26/2019 <u>attorney</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.