FORM 4

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

Washington, D.C. 20549

## **STAT** P

| <b>EMENT</b> | OF CH | ANGES II | N BENEF | ICIAL | OWNER | RSHI |
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|              |       |          |         |       |       |      |

**OMB APPROVAL** 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* <u>LEE KENNETH B JR</u> |   |   |                                  | <u>B</u>  | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [ BCRX ] |  |        |                           |  |   |   | [ (Che  | elationship ceck all applic                             | able)  | g Pers         | on(s) to Issu<br>10% Ov  |                                       |
|--|---|---|----------------------------------|---|---|--|--------|---------------------------|--|---|---|---|---|--|----------------|--|---------------------------------------|
| (Last) (First) (Middle)<br>4505 EMPEROR BLVD., SUITE 200         |   |   |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2016 |   |  |        |                           |  |   |   | Officer (give title Other (spe<br>below) below)   |   |  |                | pecify   |                                       |
| (Street) DURHA (City)  |   |   | 27703<br>(Zip)                   | 4.  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                          |  |        |                           |  |   | Line  | Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |                |  |                                       |
|  |   | Tal   | ole I - Non-D                    | Perivativ   | /e Se   | curitie  | s Ac   | quired, Di                | isp  | osed o  | f, or Ber   | neficiall   | y Owned   |  |                |  |                                       |
| Date   |   |   | Transactio<br>ate<br>Ionth/Day/\ | Execution Date,   |   | 3. Transaction Code (Instr. 3, 4) 5) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) |        |                           | d (A) or<br>r. 3, 4 and  | 5. Amour<br>Securitie<br>Beneficia<br>Owned F<br>Reported | s F<br>ally (I<br>following (I  | Form<br>(D) or  | Ownership<br>orm: Direct<br>) or Indirect<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership   |                |  |                                       |
|  |   |   |                                  |   |   |  | Code V |                           | Amount   | (A) or<br>(D)   | Price   | Transact<br>(Instr. 3 a   | on(s)   |  |                | (Instr. 4)   |                                       |
|  |   |   | Table II - De<br>(e.             |   |   |  |        | uired, Dis<br>, options,  |  |   |   |   | Owned   |  |                |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | e of wative (Month/Day/Year) if any (Month/Day/Year) if any |                                  |   | Code (Instr.  |  | of E   |                           | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   | 7. Title and Amount<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)     | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>ally | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |   |                                  | Code  | v   | (A)  |        | Date<br>Exercisable       |  | expiration vate   | Title   | Amount<br>or<br>Number<br>of<br>Shares  |   |  |                |  |                                       |
| Automatic<br>Stock<br>Option<br>Grant <sup>(1)</sup>             | \$3.22  | 05/23/2016  |                                  | A   |   | 30,000   |        | 06/23/2016 <sup>(2)</sup> | 0  | 5/23/2026   | Common<br>Stock   | 30,000  | \$0   | 30,00  | 0              | D  |                                       |

## **Explanation of Responses:**

- $1.\ Automatic\ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plan.$
- 2. Vests 1/12th per month over twelve months beginning June 23, 2016.

/s/ Alane P. Barnes, by power of 05/25/2016 <u>attorney</u>

\*\* 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.