FORM 4

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

Washir

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

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)						
INGRAM ROBERT ALEXANDER					BCRX ]							Directo	r		10% Ov	ner		
												Officer below)	(give title		Other (s	pecify		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							belowy			belowy			
280 S. MANGUM STREET					06/20/2018													
SUITE 350						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)					*. II /\III	criament,	Date	or Original rile	a (Month/Da	y/ reary	Line		oii ia Oroup i	i iiiig (	(Check App	леаыс		
DURHA	M N	C	27701								2	K Form fi	led by One	Repor	rting Persor	1		
DOMINAM NC 27701											Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)															
		Tal	ole I - Non-	Derivat	ive Se	ecuritie	s Ad	quired, Di	sposed o	f, or Ber	neficiall	y Owned						
Date				2. Transact Date Month/Day	Execution Date,		Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	s Formally (D) (ollowing (I) (I		ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
			Table II - D					uired, Dis s, options,				Owned	'					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	saction e (Instr.	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 Amount 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 (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
Automatic Stock Option Grant <sup>(1)</sup>	\$6.09	06/20/2018		A		30,000		07/20/2018 <sup>(2)</sup>	06/20/2028	Common Stock	30,000	\$0	30,000		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 July 20, 2018.

/s/ Alane P. Barnes, by power of 06/22/2018 <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.