FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
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| Estimated average but | rden |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>HIGGINS JOHN L</u> | | | | | <u>B</u> | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--|---|---------------|---|---|--|-----------|--|---------------|--------------------|--|---------------------------------------|---|---|---|-----------------|--|--|
| (Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200 | | | | 3. 05 | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2011 | | | | | | | | | below) | (give title | Filing | Other (s below) | | |
| (Street) DURHAM NC 27703 | | | | = 4. - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | (Zip) | | | | | | | _ | | | | | | | | | |
| | | | ole I - Nor | | | _ | | | quired, D | isp | | - | | _ | | | | 1. | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution D | | Date | Code (Ins | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | , | Amount | (A) or (D) | Price | Transact | | ion(s) | | | | | |
| | | | | | | | | | uired, Dis s, options | | | | | | wned | , | | · | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 5 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | expiration Date | Title | Amour or Number of Shares | er | | | | | |
| Non- Qualified Stock Option ⁽¹⁾ | \$3.56 | 05/12/2011 | | | A | | 15,000 | | 06/13/2011 ⁽²⁾ | 0 | 5/12/2021 | Common Stock | 15,00 | 00 | \$0 | 15,000 | 0 | D | |

Explanation of Responses:

- 1. Automatic non-employee director grant pursuant to the BioCryst Pharmaceuticals, Inc. Stock Incentive Plan.
- 2. The option vests 1/12 per month for a period of 12 months, beginning on June 13, 2011.

/s/ Michael Richardson, by power of attorney

05/16/2011

** 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$