FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, 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).

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>HOROVITZ ZOLA P</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 Directo	r		10% O	wner	
(Last)	(Fi	(First) (Middle)					20.0.1								cer (give title ow)		Other (s	specify	
AFOF EMPEROR DIAGO						3. Date of Earliest Transaction (Month/Day/Year) 05/12/2011													
SUITE 200			05																
3011E 2	.00				4. 1	If Ame	endment, I	Date (of Original F	iled	(Month/Da	y/Year)	6. Ir	ndividual or J	oint/Group	Filing	(Check Ap	plicable	
(Street)					_				Ü			,	Line	!)	·				
DURHA	M N	C	27703											_	,		rting Perso	- 1	
				-										Form filed by More than One Reporting Person			rting		
(City)	(S	tate)	(Zip)																
		Tal	ole I - Noi	n-Deriv	vativ	e Se	curitie	s Ac	quired, [Disp	osed o	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ear)	Execution if any	A. Deemed execution Date, fany Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquire Of (D) (Inst		5. Amour Securitie Beneficia Owned F Reported	s illy ollowing	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)			(111501.4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
				(e.g., p	puts,	call	s, warr	ants	s, options	s, C	onvertik	le secu	rities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (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 Expiration Date (Month/Day/Year)			nd 7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option ⁽¹⁾	\$3.56	05/12/2011			A		15,000		06/13/2011 ⁽²	2) (05/12/2021	Common Stock	15,000	\$0	15,000		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

Date

** Signature of Reporting Person

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.

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