FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL												
ĺ	OMB Number:	3235-0287											

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Estimated average burden hours per response:

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* SANDERS CHARLES A						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				vner
				05	/31/2	.013		saction (Month				below)	(give title		Other (s below)			
(Street) DURHA (City)				_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3)		(Zip)	n-Deriv	vativ	e Se	curitie	s Ac	quired, Di	isne	osed of	f. or Ber	eficial	v Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					saction	2A. Deemed Execution Date,			3. 4. Securit Transaction Disposed Code (Instr. 5)		ies Acquire Of (D) (Inst	d (A) or	5. Amou Securitie Beneficie Owned F	s ally ollowing	Form (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V		Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
									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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of		6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
				,	Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	Amount or Number of Shares					
Automatic Stock Option Grant ⁽¹⁾	\$1.71	05/31/2013			A		15,000		06/30/2013 ⁽²⁾	05	5/31/2023	Common Stock	15,000	\$0	15,000	0	D	

Explanation of Responses:

- $1. \ Automatic non-employee \ director \ grant \ pursuant \ to \ the \ Bio Cryst \ Pharmaceuticals, Inc. \ Stock \ Incentive \ Plan.$
- 2. Vests 1/12 per month over 12 months beginning June 30, 2013.

<u>/s/ Alane Barnes, by power of attorney</u>

06/03/2013

** 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.