FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* ABERCROMBIE GEORGE B							2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX]									able) r	ig Pers	son(s) to Iss 10% Ov	vner
(Last)	st) (First) (Middle) DBOX 16059					3. Date of Earliest Transaction (Month/Day/Year) 10/10/2011									Officer below)	(give title		Other (s below)	specify
(Street) CHAPEI (City)	EL HILL NC 27516 (State) (Zip)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)						Execution Date			Transaction Code (Instr. 5)		(A) or			5. Amour Securitie Beneficia Owned F Reported Transact	Form (D) o (I) (In		n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			B. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amor or Numl of Share	oer					
Non- Qualified Stock	\$2.63	10/10/2011			A		16,667		(2)	10	0/10/2021	Common Stock	16,6	67	\$0	16,66	7	D	

Explanation of Responses:

- $1. \ Automatic non-employee \ director \ grant \ pursuant \ to \ the \ Bio Cryst \ Pharmaceuticals, \ Inc. \ Stock \ Incentive \ Plan \ (the \ "Plan").$
- 2. The option vests 1/8 per month for a period of 8 months, beginning on October 10, 2011.

/s/ Michael Richardson, by power of attorney

10/11/2011

** 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.