FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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

Name and Address of Reporting Person* Change Income Land D. C				2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Stonehouse Jon P				- 1-	BCRX]							X Director			10% Ow	ner	
(Last) (First) (Middle)					2011.]							Officer (below)	(give title		Other (s below)	pecify	
4505 EMPEROR BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 05/13/2020						President & CEO						
SUITE 200					05/13/2020												
4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Street)		_										Line		ed hy One	Renor	ting Person	
DURHA	M N	C	27703										=	,	•	One Report	
(City)	(9	tate)	(Zip)										Person	,		·	
(City)		itate)	(Ζιρ)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transac			. Transacti	ction 2A. Deemed 3. 4. Securities Acquired (A) Execution Date, Transaction Disposed Of (D) (Instr. 3, 4									7. Nature of				
				/lonth/Day/			Code (Instr.				Beneficia Owned Fo	ly (D) or		Indirect E	Beneficial Ownership		
				· ·			V Amount (A) or B			r bii.	Reported Transacti	·			(Instr. 4)		
					Code V Amount (A) 01 (D)					Price	(Instr. 3 a	nd 4)					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
(e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date,	4. Trans	ection	5. Number of Derivative		6. Date Exercisable and Expiration Date			7. Title an		8. Price of Derivative	9. Number of derivative		10. Ownership	11. Nature of Indirect
Security or Exercise (Month/Day/Year) if any Coo			Code	de (Instr. Securities Acquired (A)			(Month/Day/Year) Underlying Derivative Secur				g	Security (Instr. 5)	Securities Beneficially		Form:	Beneficial Ownership	
(111311.0)	Derivative Security		(Month Day/100	., 0,	or Disposed of (D) (Instr. 3, 4 and 5)		(Instr. 3 and 4)				(1115411.5)	Owned		or Indirect	(Instr. 4)		
	Coounty											ļ	Reported Transaction(s)		,		
												Amount		(Instr. 4)	(0,		
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Number of Shares					
Emp.				\top					\top								
Stock Option (Right to	\$3.23	05/13/2020 ⁽¹⁾		A		157,250		12/18/2020	0 12	2/17/2029	Common Stock	157,250	\$0	157,25	0	D	
Buy)																	

Explanation of Responses:

1. On May 13, 2020, the Board of Directors determined that the initial data from part 3 of the BCX9930 phase 1 clinical trial represented successful results from a proof of concept study of BCX9930 and, as a result, that one of the vesting criteria associated with the performance-based options awarded to the reporting person on December 17, 2019 has been met. Therefore, 50% of such performance based stock options will vest upon satisfaction of the minimum vesting period of twelve months and one day from the date of grant, which period ends on December 18, 2020.

> /s/ Alane P. Barnes, by power of attorney

05/15/2020

** 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.