FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

ОМВ	Number:	3235-0287								
Estin	Estimated average burden									
hours	s 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

									. ,	of 1940							
1. Name and Address of Reporting Person*  Erck Stanley C					2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Lick Stainey C</u>			_ B0														
(E	iret)	(Middle)										Officer (give title below)		Other (s below)		specify	
`	,	(iviidale)		3. Date of Earliest Transaction (Month/Day/Year)													
SUITE 200					U5/23/2016												
						4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable					
					, , , , , , , , , , , , , , , , , , , ,							Line)					
M N	С	27703									2		,		Ü		
				-								Form filed by More than One Reporting Person					
(S	tate)	(Zip)															
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		JIE I - NOI			_			<del>-</del>	<del>-</del>	-		1			1		
Date			Execution E ay/Year) if any			Date, Transaction Disposed Of (D) (Code (Instr. 5)				Securitie Beneficia	Securities Beneficially Owned Following		Direct I	7. Nature of Indirect Beneficial Ownership			
										(A) or	Τ		Reported Transaction(s)			(Instr. 4)	
								Code V	Amount	(D)	Price						
											-	Owned					
2	3 Transaction		· • ·	4		<u> </u>	_	, ,		1		8 Price of	9 Number	r of	10	11. Nature	
Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution D	ate,	Code (Instr. 8)		of		6. Date Exercisarie and Expiration Date (Month/Day/Year)		of Securities Underlying		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	is Ily	Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	p of Indirect Beneficial Ownership t (Instr. 4)	
											Amount						
								Data	Evniration		Number						
				Code	v	(A)	(D)	Exercisable	Date	Title	Shares						
\$3.22	05/23/2016			A		30,000		06/23/2016 <sup>(2)</sup>	05/23/2026	Common Stock	30,000	\$0	30,000	)	D		
	(FIPEROR BI	(First) (PEROR BLVD.  (O0)  M NC (State)  Tal  Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Month/Day/Year)	(First) (Middle)  MPEROR BLVD.  (Middle)  MNC 27703  (State) (Zip)  Table I - Nor  Security (Instr. 3)  Table II -  2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security  Table II -  2. Conversion of Date (Month/Day/Year)  (Month/Day/Year)	(First) (Middle)  MPEROR BLVD.  (Month NC 27703  (State) (Zip)  Table I - Non-Derivative (e.g.,  Conversion or Exercise (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  A Deemed Execution Date, if any (Month/Day/Year)	(First) (Middle)  (First) (Middle)  (First) (Middle)  (State) (Zip)  Table I - Non-Derivative (Month/Day/Year)  (Recurity (Instr. 3)  Table II - Derivative (e.g., puts, if any (Month/Day/Year)  (Month/Day/Year)  (Code (Month/Day/Year)  (Month/Day/Year)	(First) (Middle)  IPEROR BLVD.  (State) (Zip)  Table I - Non-Derivative Security (Instr. 3)  Table II - Derivative Security (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  Price of Derivative Security  (Month/Day/Year)  3. Demed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Code (Instr. 8)	Security (Instr. 3)   Securities   Securities   Security (Instr. 3)   Security (Instr.	Security (Instr. 3)   Security (Instr. 3)	Code   V   (A)   (D)   (D)	BIOCRYST PHARMACEUTICAL BCRX   State   (Middle)   State   (State)   (Zip)	BIOCRYST PHARMACEUTICALS INC	BIOCRYST PHARMACEÚTICALS INC   Che   SCRX	BIOCRYST PHARMACEÚTICALS INC   (Check all applic X Directo Officer below)	BIOCRYST PHARMACEUTICALS INC   (Check all applicable)   X Director Officer (give title below)	BIOCRYST PHARMACEÚTICALS INC	BIOCRYST PHARM ACEUTICALS INC   Check all applicable   Securities   Securities	

## **Explanation of Responses:**

- $1.\ Automatic\ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plan.$
- 2. Vests 1/12th per month over twelve months beginning June 23, 2016.

/s/ Alane P. Barnes, by power of 05/25/2016 <u>attorney</u>

\*\* 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.