FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ington, D.C. 20549	OMB APPROVA
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	OMB Number:	3235-0287								
	Estimated average burden									
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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

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1. Name and Address of Reporting Person* <u>Cohen Fred E</u>				<u>BI</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [ BCRX ]									of Reportin licable) etor	ng Pers	on(s) to Iss 10% Ov				
(Last) (First) (Middle)				3. 🗅	Date of Earliest Transaction (Month/Day/Year)									er (give title v)		Other (s below)	specify			
SUITE 3300						05/20/2015  4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) FORT WORTH TX 76102					4. It Asherdinent, Date of Original Flied (World #Day/Teal)								Line)  X Form filed by One Reporting Person							
(City) (State) (Zip)													Form filed by More than One Reporting Person							
		Tal	ble I - Non	-Deriv	ative	e Se	curitie	s Ac	quired,	Dis	posed o	f, or Be	neficia	lly Owne	d					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date		Transaction Disposed (Code (Instr. 5)		ties Acquired (A) Of (D) (Instr. 3, 4		d Secur Benef Owner	cially I Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
							Code	v	Amount	(A) o	r Price		ted action(s) 3 and 4)			(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 D if any (Month/Day/	ate, Tr	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivativ Security		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares							
Automatic Stock Option Grant <sup>(1)</sup>	\$11.39	05/20/2015			A		15,000		06/20/201	5 <sup>(2)</sup>	05/20/2025	Common Stock	15,00	\$0	15,0	00	D			

## **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 20, 2015.

/s/ Alane P. Barnes, by power of attorney 05/22/2015

\*\* 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.