FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average k | ourdon | | | | | | | |

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

37 hours per response: 0.5

| | | | | | 01 3 | Section | // 30(i | 1) 01 1116 | IIIVESIIIIEI | it Coi | ilpaily Act | 01 1340 | | | | | | | | |
|--|---|--|---|------------|--------------------------------------|---|---------|------------|---|---------|------------------------------|--|-------------|-----------------------|---|---|---------|--|---|--|
| 1. Name and Address of Reporting Person* Erck Stanley C | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC | | | | | | | | [(Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>LICH O</u> | <u>anicy c</u> | | | | BC | RX |] | | | | | | | - | X Directo | or | | 10% Ov | vner | |
| | | | | | | _ | | | | | | | | | Officer below) | (give title | | Other (s | specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | bciow) | | | bclow) | | |
| 4505 EMPEROR BLVD. | | | | 11/28/2018 | | | | | | | | | | | | | | | | |
| SUITE 2 | .00 | | | | - | | | | | | | | | | | | | | | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | _ | | | | | | | | | | | | | X Form f | iled by One | e Rep | orting Perso | n | |
| DURHA | M N | C : | 27703 | | | | | | | | | | | | Form f Persor | | re thai | n One Repo | rting | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriva | ative | Sec | curiti | ies Ac | quired, | Dis | posed o | of, or | Bene | eficial | ly Owned | ł | | | | |
| 1. Title of | Security (Ins | tr. 3) | | 2. Transa | action | | A. Dee | | 3. | | 4. Secur | | | | 5. Amou | | | | 7. Nature | |
| Date (Month/Date | | | | |)av/Yea | Executio | | ion Date, | Transaction Code (Instr. | | Disposed Of (D) (Instr. 3, 4 | | 3, 4 and | Securitie Benefici | | | | of Indirect Beneficial | | |
| (Monumber | | | | | | (Month/Day/Yea | | | | | | | | | Following (i) (I | | | Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | nt (A) or (D) | | Price | Transaci (Instr. 3 | tion(s) | | | (111511. 4) | |
| Common Stock 11/2 | | | 11/28 | 3/2018 | | | | М | | 8,333 A | | \$1.49 | 48 | 48,333 | | D | | | | |
| | | Т | able II - I | | | | | | | | | | | | Owned | | | | | |
| | | | (| (e.g., p | uts, (| calls | s, wa | rrants | , optio | ıs, c | onverti | ble se | ecuri | ities) | | | | | | |
| 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. Transactio Code (Inst 8) | | | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | | Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal: | | xpiration ate | Title | O N O | lumber | | | | | | |
| Non- Qualified Stock | \$1.49 | 11/28/2018 | | | M | | | 8,333 | 01/22/200 | 9 1 | 2/22/2018 | Comm Stock | | 8,333 | \$0 | 0 | | D | | |

Explanation of Responses:

Option

/s/ Alane P. Barnes, by power

of attorney

11/30/2018

** 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.