Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* <u>HEGGIE THERESA</u>						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]								(Chec	. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) 4505 EMPEROR BOULEVARD SUITE 200				3. [3. Date of Earliest Transaction (Month/Day/Year) 05/29/2019									Officer below)	(give title		Other (s below)	pecify	
(Street) DURHAM NC		27703 (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (ChecLine) X Form filed by One Reporting P Form filed by More than One P										orting Person	n			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month)D					saction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A)	or 5. Amou		nt of	Form	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial
(w				(MORUI	Month/Day/Year)						Amount (A		r Pri	ce	Owned F Reported Transact (Instr. 3 a	ollowing (i) (i on(s)		nstr. 4)	Ownership (Instr. 4)
		-							uired, Dis						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if if any (Month/Day	Date,	4. Transactio Code (Inst				6. Date Exercisal Expiration Date (Month/Day/Year			le and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amor or Numl of Share	oer					
Automatic Stock Option	\$2.91	05/29/2019			A		30,000		05/29/2020	05	5/29/2029	Common Stock	30,0	00	\$0	30,000)	D	

Explanation of Responses:

 $1.\ Automatic \ non-employee \ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plander \ and \ Automatic \ non-employee \ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plander \ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plander \ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plander \ non-employee\ director\ grant\ pursuant\ pursuant\$

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

05/31/2019

** 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.