FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**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>LEE KENNETH B JR</u>						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [ BCRX ]									ck all applic	cable) or	g Pers	son(s) to Iss 10% Ov	vner	
(Last) (First) (Middle) 4505 EMPEROR BLVD., SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 05/29/2019									Officer below)	(give title		Other (s below)	specify	
(Street) DURHAM NC 27703  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tak	le I - Non-	-Deriva	ative	e Se	curities	s Ac	quired,	Dis	osed c	of, or Be	nefi	cially	/ Owned					
Date				2. Transa Date (Month/D		ear)	2A. Deemo Execution if any (Month/Da	Date,	Code (I	Transaction Disposed Code (Instr. 5)			ed (A) str. 3,	) or 4 and	5. Amou Securitie Beneficia Owned F Reported	rities ficially ed Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	(A) or (D)		Transact (Instr. 3	ction(s)			(111511.4)	
			Table II - D (e						uired, D , option			•		•	Owned				Α.	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/\)	ate, Trans			of I		6. Date Ext Expiration (Month/Da	Date	of Securities		ties g e Secu		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s s llly D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisabl		expiration Date	Title	or	ount nber ires						
Automatic Stock Option Grant <sup>(1)</sup>	\$2.91	05/29/2019			A		30,000		05/29/2020	0 0	5/29/2029	Common Stock	30,	.000	\$0	30,00	0	D		

## **Explanation of Responses:**

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

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

\*\* Signature of Reporting Person

Date

05/31/2019

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.