FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Grant Stuart (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | cable) or (give title | | son(s) to Iss 10% Ov Other (s below) | wner | | |
|---|---|------------|---|---------|---|---|---------------|--|--|-------------------------|------|---|--|-------------|--|---|---|---------------|--|---|--|--|
| 2190 PARKWAY LAKE DRIVE | | | | | | | 06/03/2010 | | | | | | | | | | SR VP | % C | FO | | | |
| (Street) BIRMINGHAM AL 35244- | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (; | State) | (Zip) | | | | | | | | | | | | | Perso | n Ť | | · | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curit | ies Ad | cqu | uired, | Disp | osed o | of, or | Ben | eficial | ly Owne | t | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) | Execut if any | A. Deemed Execution Date, f any Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | Benefic Owned | es ally Following | Form (D) o | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | v | Amount | (A (E | () or () | Price | Reporte Transac (Instr. 3 | tion(s) | | | | | |
| Common Stock 06/03/ | | | | | | 10 | | | | M ⁽¹⁾ | | 1,250 | 1,250 | | \$1.2 | 2 12 | ,967 | | D | | | |
| Common | Stock | | | 06/03 | 3/2010 | 0 | | | | S ⁽¹⁾ | | 1,250 |) | D | \$6.9 | 7 11 | ,717 | D | | | | |
| | | - | | | | | | | • | | | sed of onverti | | | - | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactior Code (Instr. 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | Code V | | (D) | Da Ex | ite ercisabl | | kpiration ate | Title | | Amount or Number of Shares | | | | | | | |
| Emp. Stock Option (Right to Buy) | \$1.2 | 06/03/2010 | | | M ⁽¹⁾ | | | 1,250 | 03 | 3/02/2010 | 03 | 3/02/2019 | Comm | | 1,250 | \$0 | 106,25 | 1 | D | | | |

Explanation of Responses:

1. Transacted under a 10b5-1 plan that was adopted on $11/\!23/\!2009$

/s/ Michael Richardson, by power of attorney

06/04/2010

** 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.