## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL				
OMB Number:	3235-0287				
Estimated average burd	en				
hours per response:	0.5				

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

Sherida (Last)	BI BC 3. [	2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [ BCRX ]  3. Date of Earliest Transaction (Month/Day/Year) 12/01/2009														suer vner specify				
(Street) BIRMINGHAM AL 35244- (City) (State) (Zip)							endme	nt, Date	e of (	Original I	-iled	(Month/D	Line	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3) 2. Transa Date					saction	ear)	2A. De Execut	emed ion Date	e,	3. Transac	tion	4. Securi	ities Ac	quire	d (A) or	5. Amou Securitie Benefici Owned I	nt of 6. O es Formally (D) (I) (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	BIOCRYST PHARMACEUTICALS INC [   Check all applicable)   Director   X   Director		D	(1130.4)																
				+												-			D	
			Table II -													Owned				
1. Title of Derivative Security (Instr. 3)	Conversio or Exercis Price of Derivative	n Date	Execution (r) if any	n Date,	Transa Code (	Transaction Code (Instr.		ivative urities uired or oosed O) tr. 3, 4	Ex	piration	Date		Amount of Securities Underlying Derivative Security		Security	Derivative Security	derivative Securities Beneficial Owned Following Reported Transactio	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)					Title		or Number of					
Emp. Stock Option (Right to	\$2.58	12/01/2009			M			4,167	07	7/01/2009	07	7/01/2018			4,167	\$0	129,16	7	D	

## **Explanation of Responses:**

1. Transacted under a 10b5-1 plan that was adopted on 9/30/2009.

/s/ Michael Richardson, by power of attorney

12/02/2009

\*\* 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.