FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL				
	OMB Number:	3235-0287				
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l	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

1. Name and Address of Reporting Person* Sheridan William P						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX]									5. Relationship of Reporting (Check all applicable) Director Officer (give title			109	O Issuer O Owner er (specify
(Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 01/01/2014									X Officer (give title Other (specify below) SR VP - CMO				
(Street) DURHAM NC 27703 (City) (State) (Zip)					4. If	Line) X Form filed by On										p Filing (Check Applicable ne Reporting Person ore than One Reporting			
		Tabl	e I - Nor	า-Deriv	ative	Se	curiti	es Ac	quired	l, Dis	sposed	of, o	r Ben	efici	ally	Owne	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution			Code	sactio e (Insti	n Dispose	ities Acquired (A) d Of (D) (Instr. 3,			4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect
										e V	Amount	:	(A) or (D)	Price	e	Transa	action(s) 3 and 4)		(111341. 4)
Common Stock 01/01						1					2,735	(1)	D	D \$7.6		82,539		D	
		Та	ble II - [osed of, onverti					vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	Date, Transaction Code (Ins				Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Titl	or Nui of	nber					

Explanation of Responses:

1. Shares withheld by BioCryst Pharmaceuticals, Inc. upon the vesting of restricted stock to satisfy the reporting person's tax withholding obligation.

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

01/03/2014

** 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.