FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	JAVC						
l	OMB Number:	3235-0287						
	Estimated average burden							
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

Name and Address of Reporting Person* Charachausa Lon D.						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Stonehouse Jon P					BCRX]						.	X Directo	or		10% Ow	ner	
(Last) (First) (Middle)					BCRA J							X Officer below)	(give title		Other (s below)	pecify	
4505 EMPEROR BLVD.					3. Date of Earliest Transaction (Month/Day/Year)								President & CEO				
				05	05/26/2014												
SUITE 200											_						
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
DURHA	M N	C	27703									X Form 1	iled by One	Repo	rting Persor	ı	
	IVI INC 2//03											Form filed by More than One Reporting					
(City) (State) (Zip)		(Zip)									Person						
		Tab	le I - Non-D	erivativ	e Se	curities	s Ac	auired. Di	sposed o	of. or Be	neficial	lv Owned					
1 Title of 9	Socurity (Incl			Transaction	_	2A. Deeme		3.	-	ties Acquire		5. Amou		6 Ow	nership 7	. Nature	
Da				ate	Executi			Transaction Disposed Of (D) (Instr. 3,			I Securitie	es Forn		n: Direct	of Indirect		
			(M	lonth/Day/Y		if any (Month/Day/Year)		Code (Instr. 5)				Benefici Owned I				Beneficial Ownership	
]` '				(A) or	.	Reporte Transac	ed			(Instr. 4)		
							Code V	Amount	Amount (A) or (D)		(Instr. 3						
		-	 Гable II - De	rivativa	Seci	ıritias	Δca	uired Die	nosed of	or Bene	aficially	Owned	<u> </u>				
								s, options,				Ownea					
1. Title of				4.		5. Number		6. Date Exercisable and		7. Title and Amo		8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date if any (Month/Day/Yea	ate, Transacti Code (Ins				Expiration Day/\ (Month/Day/\		of Securities Underlying		Derivative Security	derivative Securities Beneficially Owned Following		Form: E	Beneficial Ownership (Instr. 4)	
(Instr. 3)	Price of	(monanbay/rear)			,	Securities Acquired (A) or		Derivative Section (Instr. 3 and 4)			Security	(Instr. 5)					
	Derivative Security	e									nd 4)						
	Coountry				Disposed							Reported Transaction(s)		(, (
						of (D) (Instr. 3, 4 and 5)							(Instr. 4)	n(s)			
											Amount	1					
											or Number						
					l	ļ		Date	Expiration		of						
				Code	٧	(A)	(D)	Exercisable	Date	Title	Shares	1		_			
Emp. Stock																	
Option	\$5.45	05/26/2014 ⁽¹⁾		A		25,000		05/26/2014	08/08/2023	Common Stock	25,000	\$0	25,000		D		
(Right to Buy)										J. Stock							
Duy)																	

Explanation of Responses:

1. On May 26, 2014, the Board of Directors determined that the BCX4161 OPuS-1 clinical trial met its goals and BCX4161 warrants further development. As a result, one of the vesting criteria associated with the performance-based stock options awarded to all employees in August 2013 has been met. Therefore, 25% of the performance-based stock options vested on May 26, 2014.

/s/ Alane P. Barnes, by power of attorney 05/28/2014

** 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.