FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* Stonehouse Jon P (Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200 (Street) DURHAM NC 27703					Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX] 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Irr	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) President & CEO 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)	(S	itate)	(Zip)										Form fil Person	ed by More	than C	ne Report	ing
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				2. Transact Date (Month/Day	Execution Date,		, Transaction Disposed Code (Instr.		ties Acquir d Of (D) (Ins	ed (A) or str. 3, 4 and	5. Amoun Securities Beneficia Owned Fo	s Ily ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code			v	Amount	(A) o (D)	r Price	Transacti	Transaction(s) (Instr. 3 and 4)			(111341. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code	saction (Instr.	Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ly C	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable		piration ate	Title	Amount or Number of Shares		Transaction (Instr. 4)	on(s)		
Emp. Stock Option (Right to Buy)	\$5.45	12/03/2020 ⁽¹⁾		A		25,000		12/03/2020	08	//08/2023	Common Stock	25,000	\$0	25,000)	D	
Emp. Stock Option (Right to Buy)	\$3.23	12/03/2020 ⁽²⁾		A		157,250		12/18/2020	12	/17/2029	Common Stock	157,250	\$0	157,250	0	D	

- On December 3, 2020, the U.S. Food and Drug Administration approved oral, once-daily ORLADEYO? (berotralstat) for prophylaxis to prevent attacks of hereditary angioedema in adults and pediatric patients 12 years and older. As a result, one of the vesting criteria associated with the performance-based stock options awarded to the reporting person on August 8, 2013 has been met. Therefore, 25% of such performance-based stock options vested on December 3, 2020.
- 2. On December 3, 2020, the U.S. Food and Drug Administration approved oral, once-daily ORLADEYO? (berotralstat) for prophylaxis to prevent attacks of hereditary angioedema in adults and pediatric patients 12 years and older. As a result, one of the vesting criteria associated with the performance-based options awarded to the reporting person on December 17, 2019 has been met. Therefore, 50% of such performance based stock options will vest upon satisfaction of the minimum vesting period of twelve months and one day from the date of grant, which period ends on December 18, 2020.

/s/ Alane P. Barnes, by power of 12/07/2020 attorney

** 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.