FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

	OMB Number:	3235-0287						
Estimated average burden								
	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SEIDENBERG BETH C				<u>B</u> 1	2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX ]								eck all ap	olicable) ctor	·	rson(s) to Iss	vner	
(Last) 2190 PA	,	irst) AKE DRIVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/16/2005									Officer (give title below)		Other (s	specify
(Street)	GHAM A	L	35244-		-   4. l	f Ame	ndment,	Date o	of Original Fi	led (	(Month/Da	y/Year)	6. I Lin	e) X For For	n filed by	One Rep	g (Check Ap orting Perso n One Repo	ı
(City) (State) (Zip)													Person					
		Tab	le I - Noi	n-Deri	vativ	e Se	curitie	s Ac	quired, D	isp	osed o	f, or Ber	neficia	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date,			Code (In:	Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5)						Forr (D) (	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	,	Amount	(A) or (D)	Price	Trans	ted action(s) 3 and 4)			(Instr. 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	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	ate, Transa				Expiration Da	Date Exercisable and xpiration Date lonth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)	deriv Secu Bene Own Follo Repo	owing orted saction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option	\$15.45	12/16/2005	12/16/20	005	A		4,167		01/16/2006 <sup>(1)</sup>	12	2/16/2015	Common Stock	4,167	\$15.45		4,167	D	

## **Explanation of Responses:**

1. Vests on a pro rata monthly basis over a period of 5 months. Options will be fully vested in May 2006 at the Annual Shareholder's Meeting.

Michael Richardson By POA 12/20/2005

\*\* 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.