FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hington, D.C. 20549

J	OMB APPROVAL											
1	OMB Number:	3235-0287										

0.5

Estimated average burden hours per response:

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

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1. Name and Address of Reporting Person* HIGGINS JOHN L					2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]							[(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				B)	Officer below)	give title	10% C Other below	(specify	
(Last) (First) (Middle) 4505 EMPEROR BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 05/23/2012								below)		below		
SUITE 200					If Amendment, Date of Original Filed (Month/Day/Year)							6. In	6. Individual or Joint/Group Filing (Check Applicable				
(Street) DURHAM NC 27703											I '	Line) X Form filed by One Reporting Person					
DURHA	IVI IN		27703										Form fi Person	ed by More t	han One Rep	orting	
(City)	(S	tate)	(Zip)														
		Tal	ole I - Non-D	erivativ	/e Se	curitie	s Ac	quired, I	Disp	posed of	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					rear)	Execution if any	A. Deemed Execution Date, f any Month/Day/Year)		Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	s Fe ally (E ollowing (I)	. Ownership orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	Code V		(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)	
			Table II - De (e.ç					uired, Di s, option					Owned				
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/Year)	4. Transa Code r) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Automatic Stock Option	\$3.32	05/23/2012		A		15,000		06/23/2012 ⁰	(2)	05/23/2022	Common Stock	15,000	\$0	15,000	D		

${\bf Explanation\ of\ Responses:}$

- $1. \ Automatic \ non-employee \ director \ grant \ pursuant \ to \ the \ Bio Cryst \ Pharmaceuticals, Inc. \ Stock \ Incentive \ Plan \ (the \ "Plan").$
- 2. Vest 1/12 per month over 12 months beginning June 23, 2012

/s/ Michael Richardson, by power of attorney

05/24/2012

** 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.