FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL								
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SANDERS CHARLES A						BCRX]									X	Director		10%	Owner
(Last)	/[irot)	(Middle)		<u> </u>									4		Officer (give below)	e title	Othe belov	r (specify v)
(Last) (First) (Middle) 2190 PARKWAY LAKE DR						3. Date of Earliest Transaction (Month/Day/Year) 02/08/2010										Belowy			-,
(Street)					Line)						ne)	ividual or Joint/Group Filing (Check Applicable							
BIRMIN	GHAM A	L	35244														•	Reporting Pe	
(City)	(5	State)	(Zip)										Form filed by More than One Reporting Person					porting	
		Tab	le I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally O	wned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution D		n Date,	Code (In:						nd S B O	Amount of ecurities eneficially wned Follow		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	Amount (A) or (D)		Price	Ti	Reported Transaction(s) (Instr. 3 and 4)			(instr. 4)
Common	Stock			02/08	3/2010)			P		5,000		Α	\$ 6 .	66	5,000 D			
		Т	able II - I)								sed of, onvertib				y Owr	ned			
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/\)	Date, Transaction Code (Ins					6. Date Exercisable ar Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instr and 4)			8. Price Deriva Securi (Instr. !	tive deriva ty Secur 5) Benef Owne Follow Repor	ities icially d ving ted action(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber res					

Explanation of Responses:

/s/ Michael Richardson, by power of attorney

02/09/2010

** 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.