FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor response:	0.5								

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

Filed	pursuant t or Section	n 16(a) of of the Inv				1934

1. Name and Address of Reporting Person* <u>LEVIN ALAN G</u>			2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [ BCRX ]							telationship eck all applic X Directo	cable) or	g Pers	on(s) to Issu 10% Ow				
(Last) 4505 EM SUITE 2	PEROR BI	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/12/2020							Officer below)	(give title		Other (s below)	pecify	
(Street)  DURHA  (City)			27703 (Zip)		4. If	f Ame	ndment, I	Date o	of Original File	ed (Month/D	ay/Year)	Lin	X Form f	led by One	Repo	(Check App rting Persor One Repor	ı
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		2. Transad Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Beneficia	es Formally (D) (I) (I)		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
						Code V	Amount	(A) o	r Price	Transact (Instr. 3	ion(s)		"	111501.4)			
		-	Γable II - D (e						uired, Dis , options,	•	,	,	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 Da if any (Month/Day/Y	Co	Transaction of Ex Code (Instr. Derivative (M		6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amof Securities Underlying Derivative Sect (Instr. 3 and 4)		ties ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				Co	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Automatic Stock Option Grant <sup>(1)</sup>	\$5.41	05/12/2020		1	A		40,000		05/12/2021	05/12/2030	Common Stock	40,000	\$0	40,000	)	D	

## **Explanation of Responses:**

 $1.\ Automatic\ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plan.$ 

/s/ Alane P. Barnes, by power of attorney

05/14/2020

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.