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 per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| Name and Address of Reporting Person* Babu Yarlagadda S | | | | | <u>BI</u> | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX] | | | | | | | | | (Che | 5. Relationship of Report (Check all applicable) Director X Officer (give title below) | | | g Person(s) to Issuer 10% Owner Other (specify below) | | |
|--|--|--|--|---------|--|---|-----------------|--------|--|---|--------|--------------------|---|-----------------------------------|------------------------------------|--|---|---|--|--|--|
| (Last) 4505 EM SUITE 2 | (First) (Middle) EMPEROR BLVD. E 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2021 | | | | | | | | | | Chief Discovery Officer | | | | | |
| (Street) DURHA (City) | | | 27703 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | dividual or Joint/Group Filing (Check Applicable) Compared to the proof of the pr | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | 2A. Deemed Execution D ay/Year) if any | | Execution Date, | | 3. 4. Securities Disposed Of Code (Instr. 5) | | | | | Securitie Beneficia Owned F | Securities For Beneficially (D) | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | Price | | | Transact | | Instr. 4) | | |
| Common Stock 12/07/ | | | | | 7/202 | /2021 | | | M | | 62,000 | | A | \$4.73 | 245,156 | | D | | | | |
| Common Stock 12/07/ | | | | /2021 | | | S | | 30,100 D \$ | | \$12.2 | 215,056 | | | D | | | | | | |
| | 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. Deeme Execution if any (Month/Day | Date, T | | ransaction ode (Instr. | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Da Ex | ate xercisable | | expiration pate | Title | or Nu of | umber | | | | | | |
| Emp. Stock Option (Right to Buy) | \$4.73 | 12/07/2021 | | | M | | | 62,000 | 03 | 3/01/2013 | 0 | 3/01/2022 | Commo Stock | | 2,000 | \$0 | 0 | | D | | |

Explanation of Responses:

1. The price in column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$12.18 to \$12.22. The reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, full information regarding the number of shares sold at each price within the range set forth in this footnote.

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

12/09/2021

** 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.