FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235	

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).

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* <u>Hutson Nancy J</u>					2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
11415011	<u> </u>	<u>L</u>		B	CRX	1						X Director 10% Ow				ner	
(Last)	(TAUK AV	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015								Officer below)	Officer (give title below)		Other (s below)	pecify
-	IGTON (06378	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)														
		Tal	ole I - Non-I	Derivati	ve Se	curitie	s Ac	quired, Di	spos	sed of	f, or Ber	eficiall	y Owned				
Date			. Transactio Date Month/Day/	Execution Date,		Code (Inst	Transaction Disposed Of (D) (Instr. 3, 4			d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	es Fo ally (D) Following (I)	Form (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code V	An	nount	(A) or (D)	Price	Transact	saction(s) cr. 3 and 4)			Instr. 4)		
			Table II - De					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 Date if any (Month/Day/Yea	Code	Transaction Code (Instr.		of E		6. Date Exercisable an Expiration Date (Month/Day/Year)		and 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)		Date Exercisable	Expii Date	ration	Title	Amount or Number of Shares					
Automatic Stock Option Grant ⁽¹⁾	\$11.39	05/20/2015		A		15,000		06/20/2015 ⁽²⁾	05/20	0/2025	Common Stock	15,000	\$0	15,00	0	D	

Explanation of Responses:

- $1.\ Automatic\ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plan.$
- 2. Vests 1/12th per month over twelve months beginning June 20, 2015.

/s/ Alane P. Barnes, by power of 05/22/2015 <u>attorney</u>

** 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.