FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington. | $D \subset$ | 20540 |
|--------------|-------------|-------|
| wasiiiiulon. | D.C. | 20549 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| houre per recoonce: | 0.5 | | | | | | |

| | Check this box if no longer subject to |
|--------|--|
| \neg | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

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

| Name and Address of Reporting Person* Gayer Charles K | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX] | | | | | | | | (Check | ationship of all applical Director Officer (c | ble) | Perso | n(s) to Issu 10% Ow Other (s | ner |
|---|--|-------------|----------------|---------|---|---|------|------------------|--------------------------|---|-----------------|--|-----------|---|--|-------|------------------------------------|-----|
| (Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2021 | | | | | | | | X | below) below) Chief Commercial Officer | | | | |
| (Street) DURHA (City) | | C State) | 27703 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv Line) X | Form file | lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | <u> </u> | Ti | able I - Non- | -Deriva | tive S | ecurities | Acq | uired, | Dis | posed of | , or Be | nefici | ally (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4) | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or Pri | Price Reported Transacti (Instr. 3 a | | | | | (Instr. 4) | |
| Common Stock | | | 12/14/2 | 2021 | | | A | | 125,000 ⁽¹⁾ A | | | \$ <mark>0</mark> | 261,556 | | | 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 of Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Execution Date, (Month/Day/Year) 3. Transaction Execution Date, (f any (Month/Day/Year)) 3. Transaction Execution Date, (Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) Disposed of (D) (Instr. 3, 4 and 5) | | | A) or | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | Ownership (Form: I Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amou or Numb of Sh | ber | | (Instr. 4) | | | |
| Emp. Stock Option (Right to | \$11.43 | 12/14/2021 | | A | | 164,000 ⁽²⁾ | | 12/14/20 |)22 | 12/14/2031 | Common Stock | 164, | ,000 | \$0 | 164,0 | 00 | D | |

Explanation of Responses:

- 1. Annual award of Restricted Stock Units which will vest at the rate of 25% on each of the first, second, third and fourth anniversaries of the date of grant.
- 2. Annual Employee Option Grant becomes exercisable at the rate of 25% on each of the first, second, third and fourth anniversaries of the date of grant.

/s/ Alane P. Barnes, by power of 12/16/2021 <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.