FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										

0.5

hours per response:

	Check this box if no longer subject to
1	Section 16. Form 4 or Form 5
	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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10h5-

1(c). S	ee Instruction 1	0.																		
Name and Address of Reporting Person* Doyle Anthony				2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
				[BC	BCRX]									Director Officer (give title				vner specify		
(Last)) (First) (Middle)													_ [belov	below)	pecity			
4505 EMPEROR BLVD				3. Date of Earliest Transaction (Month/Day/Year) 12/14/2024										Chief Financial Officer						
SUITE 2	.00				12/1	4/202	.4													
				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. lı	6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line		filed by On	o Donort	ling Doro	_	
DURHA	M NO	2	7703												Form filed by One Reporting Person Form filed by More than One Reporting					
															Perso					
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Da		Date,	, Transaction D Code (Instr. 5		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefic Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(111501. 4)	
Common	Stock			12/14/2	2024		F		7,890(1)	D \$		\$7.5	3 25	9,628	D					
		Tal	ble II -								osed of, onvertib				y Owne	d		·		
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/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ov Fo Dii or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	nber					

Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy required tax withholding obligations in connection with the vesting of previously granted Restricted Stock Units. This transaction does not represent a sale by the Reporting Person.

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

12/17/2024

** 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.