SEC I	Form 4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287

0.5

Estimated average burden

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

NC (State)	27703 (Zip) Table I - Non-E	Derivative Securities Acquired, Disposed of, or Bene	ficially	Form filed by One Form filed by Mor Person	1 0	
			X	Form filed by Mor	1 0	
NC	27703		X	Form filed by Mor	1 0	
NC	27703		X	Form filed by One	e Reporting Perso	on
4505 EMPEROR BLVD. SUITE 200 (Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	/idual or Joint/Group	Filing (Check Ap	plicable
BLVD.		12/29/2015		vi, General Co	unser & Corp	
(First)	(Middle)	3 Date of Farliest Transaction (Month/Day/Year)	1	,	,	
<u>P</u>		2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]			10% C Other	wner (specify
		or Section 30(h) of the Investment Company Act of 1940				
]	P (First)	(First) (Middle)	i of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX] (First) (Middle) BLVD.	i of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relation (Check Pharma and Ticker or Trading Symbol) P BIOCRYST PHARMACEUTICALS INC [BCRX] 5. Relation (Check Pharma and Ticker or Trading Symbol) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relation (Check Pharma and Ticker or Trading Symbol) BLVD. 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv	i of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reportin (Check all applicable) i Director BCRX] 5. Relationship of Reportin (Check all applicable) i (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reportin (Check all applicable) BLVD. 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group	i of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Iss P BIOCRYST PHARMACEUTICALS INC Director 10% C (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting Person(s) to Iss BLVD. 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application)

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Transaction Code (Instr.					Securities Beneficially	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 		(Instr. 4)	

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Emp. Stock Option (Right to Buy)	\$10.82	12/29/2015		A		43,997 ⁽¹⁾		12/29/2016	12/29/2025	Common Stock	43,997	\$0	43,997	D	

Explanation of Responses:

1. 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

12/31/2015

Date

** Signature of Reporting Person

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.