FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1	OIVID APPROVAL								
	OMB Number:	3235-028							

Check this box if no longer subject to							
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

	OMB APPROVAL								
OMB Number: 3235-0287									
Est	timated average burde	en							
hoı	urs per response:	0.5							

1. Name and Address of Reporting Person*  STAAB THOMAS R II				<u>I</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [ BCRX ]					[ (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				ner		
(Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200					3. Date of Earliest Transaction (Month/Day/Year) 12/20/2017						X Officer (give title Officer (specify below) Senior Vice President and CFO						
(Street) DURHA	M N	С	27703	4	4. If Amendment, Date of Original Filed (Month/Day/Year)				6. In Line	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			. Transact Pate Month/Day	Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 in the disposed Of (D) (Instr. 3) of the Disposed O		d (A) or r. 3, 4 and 5	Beneficial Owned Fo	Form ly (D) or		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	unt (A) or Pi		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)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		е	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)			
Emp. Stock Option (Right to Buy)	\$5.04	12/20/2017		A		100,000(1)		12/20/2018	8 :	12/20/2027	Common Stock	100,000	\$0	100,0	000	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, by power of 12/22/2017 <u>attorney</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.