FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	: 0.5							

								,				1												
Name and Address of Reporting Person* ABERCROMBIE GEORGE B						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
						BCRX]										X	Directo	or		10% O	wner			
						DOINT J												Officer (give title		Other (specify			
(Last)	`	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)											below)			below)				
PO BOX 16069						05/24/2021																		
(Ctua at)								4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	L HILL N	JC	27516												l,	X	Form f	filed by One	Ren	orting Perso	n			
CHAFE	- IIII-I- I	···	2/310													71		•		n One Repo				
(City)	(State)	(Zip)														Persor				g			
(City)	(-	Sidie)	(Zip)																					
		Tab	le I - No	n-Deriv	/ative	Se	curiti	ies Ac	quir	ed, E	Dis	osed o	of, o	r Ben	efici	ally	Owned	t t						
in the or occurry (mounty)			2. Transaction Date (Month/Day/Yea		ar) E			Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu		nount of irities eficially		n: Direct r Indirect	7. Nature of Indirect Beneficial				
							(Month/Day/Year		ır) 8)	8)					_		Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)			
									Co	Code V		Amount		(A) or (D) Pri		•	Transaction(s) (Instr. 3 and 4)							
Common Stock ⁽¹⁾					4/2021	/2021			1	И		6,667	7 A \$		\$2	.63	9,667		D					
Common Stock ⁽¹⁾ 05/						/2021				S		6,667	7 D \$1		\$13	.9 ⁽²⁾	3,000		D					
		-	Гable II -							,	•		,			•	wned							
				(e.g., p	outs,	call	s, wa	rrants	s, op	ions	s, c	onverti	ble	secu	rities)								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (8)				6. Dat Expira (Mont	ation [Date	ble and	Amo Sec Und Deri	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Di Si	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
															Amount or									
					Code	v	(A)	(D)	Date Exerc	isable		xpiration ate	Title	- 1	Number of Shares									
Non- Qualified	\$2.63	05/24/2021			M			6,667	(3)	1	0/10/2021	Con	nmon	6,66	,	\$0	10,000)	D	1			

Explanation of Responses:

Option⁽¹⁾

- 1. This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 10, 2021.
- 2. The price in column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$13.77 to \$14.11. The reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, full information regarding the number of shares sold at each price within the range set forth in this footnote.
- 3. The option vested 1/8 per month for a period of 8 months, beginning on October 10, 2011.

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

05/26/2021

** 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.