SEC For	m 4																			
FORM 4 UNIT				ITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														OMB APPROVAL		
Section obligati	this box if no lo n 16. Form 4 or ions may contir tion 1(b).	ed purs	suant	to Sectior	n 16(a	D) of the Se	ecuriti	HIP	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5											
1. Name and Address of Reporting Person* SANDERS MACHELLE (Last) (First) (Middle) 4505 EMPEROR BLVD.					BIOCRYST PHARMACEÚTICALS INC [ (Check al X )										eck all applie X Directo	nship of Reporting Person(s) to Issuer I applicable) Director 10% Owner Officer (give title Other (specify below) below)				
SUITE 200 (Street) DURHAM NC 27703 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Grou         X       Form filed by Or										iled by One iled by Mor	Group Filing (Check Applicable y One Reporting Person y More than One Reporting			
		,	le I - Nor	n-Deriv	vativ	e Se	curities	s Ac	auired	Dis	nosed o	of, or	Ben	eficiall	v Owned					
1. Title of Security (Instr. 3) (Month/I				saction	n 2 J Bar) i	2A. Deemed Execution Date, f any Month/Day/Year		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or 3, 4 and	5. Amou Securitie Benefici	nt of 6. O es Forn ally (D) Following (I) (I d		n: Direct r Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock 00				06/0	7/202	2			Code	v	Amount 12,866	(	D)	Price	(Instr. 3	and 4) ,866		D		
		-	Fable II - I						,		osed of,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	4. Transa Code ( 8)	ction	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)		able and	1		Amount s Security	8. Price of Derivative Security (Instr. 5)		e Ow s For illy Dir or I g (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares						
Automatic Stock Option Grant <sup>(2)</sup>	\$10.79	06/07/2022			A		30,022		06/07/202	23 (	06/07/2032	Comn Stoc		30,022	\$0	30,02	2	D		

Explanation of Responses:

1. Automatic non-employee director grant of Restricted Stock Units pursuant to the BioCryst Pharmaceuticals, Inc. Non-Employee Director Compensation Policy (the "Director Compensation Policy"), which will vest on the first anniversary of the date of grant.

2. Automatic non-employee director grant of stock options pursuant to the Director Compensation Policy.

/s/ Alane P. Barnes, by powe	r					
of attorney						

06/09/2022

\*\* Signature of Reporting Person

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.

son Date