FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* HOROVITZ ZOLA P						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						RX							X	Directo	r		10% Ov	vner			
														Officer (give title		Other (specify					
(Last)	3. Date of Earliest Transaction (Month/Day/Year)											below)			below)						
2190 PARKWAY LAKE DR						/11/2	005														
(0)					4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BIRMINGHAM AL 35244															X Form filed by One Reporting Person						
BIRMINGHAM AL 35244															Form filed by More than One Reporting						
(City)	(1)	State)	(Zip)													Person		lliali	Опе кероі	ung	
(City)	(-	State)	(Zip)		<u> </u>										ļ						
		Tal	ole I - Non	-Deriva	ative	e Se	curitie	s Ac	quire	d, Di	spo	osed o	f, or Be	nefi	cially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)						ar)   i	2A. Deemed Execution Date, If any (Month/Day/Yea		, Transaction Disposed Code (Instr. 5)			ies Acquir Of (D) (Ins		4 and Securities Beneficia Owned F		s Formulay (D) collowing (I) (II)	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Co	de V	1	Amount	(A) o	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II - [										or Ben ole secu			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 Da if any (Month/Day/	Co	ansac ode (Ir		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)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	ode '	v	(A)	(D)	Date Exerci	sable	Ex Da	piration ate	Title	or Nui of	ount mber ares						
Stock Option	\$4.3	05/11/2005	05/11/200	)5 <i>I</i>	A		10,000		06/11/	2005 <sup>(1)</sup>	05.	/11/2015	Common	10	,000	\$4.3	83,750		D		

#### Explanation of Responses:

1. Vest at 1/12 of total grant from grant date.

## Remarks:

Michael Richardson by Power of Attorney

05/13/2005

\*\* 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.