FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-028							
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).

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 7								
Name and Address of Reporting Person*     LEE KENNETH B JR						2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)												uer		
LEE K	EININETT	1 B JK			BCRX ]							·   >	Oirect	or		10% O	vner			
	- [	J11/1	1										r (give title		Other (	specify				
(Last)	(F	irst)	(Middle)					iest Tran:	saction	(Mont	h/D	ay/Year)			7	below	)		below)	
4505 EMPEROR BLVD., SUITE 200						/31/2	023													
		- 1	lf Amo	ndmo	nt Date	of Origi	al Eile	od (	Month/Ds	v/Voor)		6 In	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					4. '	4. If Amendment, Date of Original Filed (Month/Day/Year)										)	Johnzorou	י רווווון	(Check Ap	piicable
DURHA	M N	С	27703												7	Form filed by One Reporting Person				
,					.											Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)			Person														
		Tab	le I - Nor	า-Deriv	/ativ	e Se	curit	ties Ac	quire	d, Di	isp	osed o	f, or E	ene	eficially	y Owne	k			
1. Title of Security (Instr. 3) 2. 1				2. Trans	saction				4. Securities Acquired (A					(A) or	5. Amo				7. Nature	
Date (Month/D						ear)	Execution Date, if any		Co	Transaction Code (Instr.				3, 4 and	Securiti Benefic	ally (D)		m: Direct or Indirect	of Indirect Beneficial	
							(Month/Day/Year			r) 8)					Owned Reporte				Ownership (Instr. 4)	
									Co	de V	٠	Amount	(A)	or	Price	Transac (Instr. 3	tion(s)			(
Common Stock						/2023			M	1)	┪	15,00	- 1		\$1.71	52,118		D		
Common Stock 01/31.									IVI			13,00	<u> </u>		Ψ1./1	51./1 52,110			D	
		-	Table II - I													Owned				
				(e.g., p	outs,	call	s, Wa	arrants	s, opti	ons,	, cc	onvertil	ble se	curi	ities)					
1. Title of	2.	3. Transaction	3A. Deemed Execution D	Date, T	4.							ble and	7. Title and Am			8. Price of	9. Numbe		10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)			Transa Code (l		of Deri	ivative	Expira (Monti				of Securities Underlying		•	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)	Price of	(c.iiizuy/.cu)	(Month/Day		8)		Sec	curities Derivative Secu							(Instr. 5)	Beneficially		Direct (D) O	Ownership	
	Derivative Security						Acq (A)	uired or	(Instr. 3 and 4)						4)			Owned Following		(Instr. 4)
	-							oosed O) (Instr.								Reported Transaction(s) (Instr. 4)				
							3, 4	and 5)												
														A	Amount					
											ı				or Number					
						l.,	<b> </b>	(n)	Date			piration		0	of					
					Code	٧	(A)	(D)	Exerci	sabie	Da	ate	Title	1	Shares		-			-
Automatic Stock					(1)						l		Commo	,			l .			
Option Grant	\$1.71	01/31/2023			M <sup>(1)</sup>			15,000	06/30/	2013	05	5/31/2023	Stock		15,000	\$0	0		D	

## **Explanation of Responses:**

1. The reporting person engaged in a non-market, cash exercise and hold transaction with respect to these stock options and the underlying shares. The options were originally granted to the reporting person on May 31, 2013 and would have expired on May 31, 2023. No sales of the issuer's common stock have occurred as part of this transaction.

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

02/02/2023

\*\* 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.