Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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

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

											1								
1. Name and Address of Reporting Person* <u>ASELAGE STEVE</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
					BO	BCRX ]									_			10% Ov	·
(Last) (First) (Middle)															Officer below)	(give title		Other (s	specify
(Last)	•	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)									,			,	
		OULEVARD			06	5/07/2	2022												
SUITE 2	00					If Am	andmont I	Data of	f Original	Eilod	(Month/Da	w/Voor)		6 10	dividual or .	loint/Group	Eiling	(Chook An	nlicable
(Ct===t)					·   * · · '	II AIII	enament, i	Date 0	i Originai	riieu	(IVIOITIII)/Da	ay/ rear )		Line		ioiiii/Group	Filling	(Crieck Ap	plicable
(Street)  DURHA	M N	IC	27703												Form f	iled by One	Repo	orting Perso	n
DUKHA	IVI IN		21103												Form filed by More than One Reporting Person				
(City)	(8	State)	(Zip)												reisoi	•			
		Tab	ole I - Nor	n-Deriv	ativ	e Se	curities	s Acc	quired,	Dis	posed o	f, or l	Bene	ficiall	y Owned				
Date			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				5. Amou Securitie Benefici Owned F Reporte	es Fo ally (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	Amount (A) or (D)		Price	Transac (Instr. 3	tion(s)			(111301. 4)	
Common Stock			06/07	07/2022				Α		12,866	(1) A \$0		46	46,594		D			
		•	Table II -								osed of, onvertil				Owned				
	_	T				Can	_	_								I	. 1		I
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)			4. Transa Code ( 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
														mount					
					Code	v	(A)		Date Exercisab		expiration Date	Title	N c	lumber f hares					
Automatic Stock	\$10.79	06/07/2022			A		30,022		06/07/202	3 0	06/07/2032	Comm	on 2	0,022	\$0	30,022	2	D	

## **Explanation of Responses:**

Option

Grant<sup>(2)</sup>

- 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 power 06/09/2022 of attorney

Stock

\*\* 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.