FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
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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. Name and Address of Reporting Person* SANDERS CHARLES A					BIOCRYST PHARMACEÚTICALS INC [Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
				BC	BCRX]							Λ				er (specify			
(Fi	rst) (I	Middle)		-									_						
4505 EMPEROR BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 08/31/2015														
00				4. If	4 If Amendment Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable					
													Line)						
M NO	2	27703												X		•			
				.													re tnan One R	eporting	
(St	ate) (2	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				Day/Year) if a		Execution Date, if any		Transaction Disposed Code (Instr. 5)					4 and Se Be		ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect		
								Code	v	Amount	() (I	A) or D)	Price		Transaction(s) (Instr. 3 and 4)			(iiisti. 4)	
Common Stock ⁽¹⁾ 08/31/					/2015			A		751		A \$11.		.64		7,751	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code ((8)	ransaction ode (Instr.) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed . 3, 4	Expiration (Month/D	Amoun or Numbe of		ount mber	Deri Secu	vative irity r. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
	(Find PEROR BL 2000) M NO (St. Security (Institute of Exercise Price of Derivative)	(First) (MPEROR BLVD. (State) (Tabl Security (Instr. 3) Stock(1) Tabl 2. Conversion or Exercise Price of Derivative (Month/Day/Year)	(First) (Middle) MPEROR BLVD. MNC 27703 (State) (Zip) Table I - Not Security (Instr. 3) Stock(1) Table II - I (Month/Day/Year) Tany (Month/Day/Year)	(First) (Middle) MPEROR BLVD. MNC 27703 (State) (Zip) Table I - Non-Deriv Security (Instr. 3) 2. Trans Date (Month/It Stock(1) 08/31 Table II - Derivat (e.g., pt Conversion or Exercise Price of Derivative (Month/Day/Year) (Month/Day/Year) 2. Trans Conversion or Exercise Price of Derivative (Month/Day/Year) (Month/Day/Year)	(First) (Middle) (Middle)	ERS CHARLES A (First) (Middle) 3. Date 0 08/31/2 2. Transaction Date (Month/Day/Year) Table II - Derivative Security (Instr. 3) Table II - Derivative Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Transaction Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)	Conversion or Exercise Price of Derivative Security Security	(First) (Middle) MPEROR BLVD. (Middle) MPEROR BLVD. (State) (Zip) Table I - Non-Derivative Securities Acquerity (Month/Day/Year) Security (Instr. 3) Table II - Derivative Securities Acquerity (Month/Day/Year) A. Deemed Execution Date if any (Month/Day/Year) Table II - Derivative Securities Acquerity (Month/Day/Year) Stock(1) Table II - Derivative Securities Acquerity (Month/Day/Year) A. Deemed Execution Date if any (Month/Day/Year) (Month/Day/Year) S. Number of Derivative Securities Acquerity (A) or Disposed of (D) (Instr. 3, 4 and 5)	Conversion of Execurity Security Secur	BIOCRYST PHARMACE BCRX 3. Date of Earliest Transaction (Month/08/31/2015 4. If Amendment, Date of Original Filed Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 2. Transaction Date (e.g., puts, calls, warrants, options, cut of Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4 and 5) 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Number of Derivative Securities Acquired (Month/Day/Year) 6. Date Securitie	BIOCRYST PHARMACEUTICA	Stock(1) Stock(1)	BIOCRYST PHARMACEUTICALS INC	BIOCRYST PHARMACEUTICALS INC GRAND GRAND	Check Security (Instr. 3) Security (In	BIOCRYST PHARMACEUTICALS INC Check all app X Direct Office Delon	BIOCRYST PHARMACEUTICALS INC Check all applicable X Director Officer (give title below)	BIOCRYST PHARMACEUTICALS INC (Check all applicable) X Director 10% Officer (give title Othe below) Officer (give title Othe below Othe below Officer (give title Othe below Othe be	

Explanation of Responses:

1. Shares of Common Stock issued to the reporting person in lieu of quarterly cash Board Member retainer of \$8,750.

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

09/02/2015

** 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.