FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | hours per response: | 0.5 |

| | Check this box if no longer subject to |
|--------|--|
| \Box | Section 16. Form 4 or Form 5 |
| \cup | 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* <u>Hutson Nancy J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX | | | | | | | | | Check all ap | pplicable) ector | | | Ssuer |
|--|--|--|---|-------|-------------------|---|-----|-----|--|---------|--|---|------------------------|-------|---|---|---|--|---|
| (Last) (First) (Middle) 64 MONTAUK AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2019 | | | | | | | | | | Officer (give title below) | | Other (below) | (specify |
| (Street) STONINGTON CT 06378 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X For For | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Da | | | , Transaction C Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | nd Secu Bene Owne | ficially ed Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | | | N) or D) | Price | | action(s) . 3 and 4) | | | (111501.4) |
| Common Stock ⁽¹⁾ 09/01/ | | | | | | /2019 | | A | | 3,344 A | | A | \$2. | 99 | 43,046 | | D | | |
| | | Ta | able II - I | | | | | | | | sed of, onvertib | | | | y Owned | I | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | Date, | Date, Transaction | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of Sha | | | | | | |

Explanation of Responses:

 $1. \ Shares of \ Common \ Stock \ is sued to the \ reporting \ person \ in \ lieu \ of \ quarterly \ cash \ Board \ Member \ retainer \ of \ \$10,000.$

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

09/04/2019

** 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.