FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OV	VNERSHIP

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

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

Name and Address of Reporting Person* LEVIN ALAN G					2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]										ck all app	,		10% O	wner
(Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200			3. Date of Earliest Transaction (Month/Day/Year) 08/31/2022										belov			Other (below)	specily		
(Street) DURHA (City)			7703 Zip)		4. If A									6. Inc	′				
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exec ay/Year) if an		A. Deemed xecution Date, any Month/Day/Year)		3. 4. Securitie Transaction Code (Instr. 8) 5.					Benefic	ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or F	Price	Transa	ction(s) 3 and 4)			(1130.4)
Common Stock ⁽¹⁾ 08/3				08/31/	/2022				A		809	I	1	\$13.9	3.9 16,872			D	
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	osed) r. 3, 4	Expiration (Month/D				7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly O	LO. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Date Exercis	able	Expiration Date	Title	of Shar						

Explanation of Responses:

 $1. \ Shares of \ Common \ Stock \ is sued to the \ reporting \ person \ in \ lieu \ of \ quarterly \ cash \ Board \ Member \ retainer \ of \$11,250.$

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

09/02/2022

** 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.