FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

П	OND ALL KOVAL								
	OMB Number:	3235-0287							
	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

Name and Address of Reporting Person* Hutson Nancy J			<u>B</u>	2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC						[(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 64 MONTAUK AVENUE				3.	BCRX] 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2016								(give title		Other (s below)	·
(Street) STONINGTON CT 06378				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(:	•	(Zip)				- ^ -	anning d Di		f av Dav						
		Iai	ble I - Non-De	erivativ	e Se	curitie	SAC	quirea, Di	sposea o	T, or Ber	тепстан	y Ownea				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.			•	Execution Date,		Code (Inst	Transaction Disposed Of (D) (Instr. 3, 4				es For ally (D) Following (I) (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code V			Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
			Table II - Der (e.g					uired, Disp s, options,				Owned				
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/Year)	4. Transa Code (8)					ies g Security	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Automatic Stock Option Grant ⁽¹⁾	\$3.22	05/23/2016		A		30,000		06/23/2016 ⁽²⁾	05/23/2026	Common Stock	30,000	\$0	30,000	0	D	

Explanation of Responses:

- $1.\ Automatic\ non-employee\ director\ grant\ pursuant\ to\ the\ BioCryst\ Pharmaceuticals,\ Inc.\ Stock\ Incentive\ Plan.$
- 2. Vests 1/12th per month over twelve months beginning June 23, 2016.

/s/ Alane P. Barnes, by power of 05/25/2016 <u>attorney</u>

** 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.