FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

illington, D.C. 20549	ll l	
	ll l	
	<u> </u>	

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burde	en
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).

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

1. Name and Address of Reporting Person* <u>LEE KENNETH B JR</u>				<u>B</u>	2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX]						[(Che	5. Relationship of Reporting Person(s) to (Check all applicable) X Director 109			on(s) to Issu 10% Ow	
(Last) (First) (Middle) 4505 EMPEROR BLVD., SUITE 200				3.	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015							Officer below)	(give title		Other (s below)	pecify
(Street) DURHAM NC 27703				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)	wis rodis	· C .			aurinad Di		f or Do	- disiall	· Oumad				
		ıaı	ole I - Non-De	rivauv	/e Se	curitie	SAC	quirea, Di	sposea o	i, or Ber	iencian	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code (Inst	Transaction Disposed Of (D) (Instr. 3, 2) Code (Instr. 5)			5. Amour Securitie Beneficia Owned F	s ally ollowing	Form	: Direct I Indirect I str. 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 - Deri (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)		5. Number of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and of Securitie Underlying Derivative S (Instr. 3 and S)		ies g Security	8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Automatic Stock Option Grant ⁽¹⁾	\$11.39	05/20/2015		A		15,000		06/20/2015 ⁽²⁾	05/20/2025	Common Stock	15,000	\$0	15,000	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 20, 2015.

/s/ Alane P. Barnes, by power of attorney 05/22/2015

** 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.