FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPR	OVAL							
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).

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

											.,,									
Name and Address of Reporting Person* Hutson Namey I						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Hutson Nancy J</u>				BO	X									Director	r		10% Ow	ner		
															Officer (give title			Other (specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									below)			below)		
64 MONTAUK AVENUE					06	06/20/2018														
					- 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)												Line) X Form filed by One Reporting Person								
STONINGTON CT 06378		06378											X		•		•	I		
,					-										Form fil		e than	One Report	ing	
(City) (State) (Zip)																				
		Tal	ole I - Non	n-Deriv	vativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Ber	nefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					Execution Da			e, Transaction Dispo Code (Instr. 5)		Disposed	ies Acquire Of (D) (Inst	d (A) o r. 3, 4 a	and Securitie Beneficia Owned F		s Form ally (D) of following (I) (II		: Direct I · Indirect E str. 4) (7. Nature of Indirect Beneficial Ownership		
								Code V		Amount	nount (A) or (D)		e	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
			Table II - I (uired, Dis s, options						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/Y	ate, T	4. Transa Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/\(^1	ate	of Securities		ies g Secur	[B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	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	Amou or Numb of Share	er						
Automatic Stock Option	\$6.09	06/20/2018			A		30,000		07/20/2018 ⁽²⁾	0	06/20/2028	Common Stock	30,0	00	\$0	30,00	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 July 20, 2018.

/s/ Alane P. Barnes, by power of attorney 06/22/2018

** 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.