| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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| OMB Number: | 3235-0287 |
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| Section obligati | this box if no k 1 16. Form 4 or ons may conti tion 1(b). | | STAT | | pursuar | T to Section to Section 30(h) o | 16(a |) of the Se | curiti | ies Exchang | e Act of 19 | | ΙP | Estim | Number ated ave per res | erage burden | 0.5 |
|---|---|--|---------------------------------|-----------------|--|---------------------------------|---|-------------------------------------|--------|--------------------------|--|------------------------------------|---|---|--|---|-----|
| 1. Name and Address of Reporting Person [*] Gayer Charles K | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX] | | | | | [(Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | | |
| (Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2020 | | | | | | below) below) below) below) Vice President and CCO | | | | | | |
| (Street) DURHA (City) | | C State) | 27703 (Zip) | | 4. If Am | endment, Da | ate of | Original F | iled (| (Month/Day, | (Year) | 6. Inc Line) X | Form file | ed by One | e Repor | Check Appli ting Person One Reporti | |
| | | т | able I - Nor | n-Deriva | tive S | ecurities | Ac | quired, | Dis | posed of | i, or Ber | neficially | Owned | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | Code (Instr. | | | | | | Form: (D) or | n: Direct Ir or Indirect B nstr. 4) 0 | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | | |
| | | | | | Code | | | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | iisu. 4) | |
| | | | Table II - I | | | curities <i>I</i> IIs, warra | | | | | | | wned | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) r | | | ties Ig e Security | Derivative Security (Instr. 5) | | er of re es ally g d | Ownership of Form: B Direct (D) O | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Code V (A) (D) Date Expiration Date Title | | | | | | Title | Amount or Number of Shares | | (Instr. 4) | | | | | | | |
| Emp. Stock Option (Right to Buy) | \$8.31 | 12/15/2020 | | A | | 190,000 ⁽¹⁾ | | 12/15/20 | 21 | 12/15/2030 | Common Stock | 190,000 | \$0 | 190,0 | 000 | D | |

Explanation of Responses:

1. Annual Employee Option Grant becomes exercisable at the rate of 25% on each of the first, second, third and fourth anniversaries of the date of grant.

/s/ Alane P. Barnes, by power of 12/17/2020

attorney ** 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.