FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

ngton, D.C. 20549	OMB APPROVAL

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OMB Number:	3235-0287								
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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*				2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SANDERS CHARLES A													V Directo	r		10% Ov	vner	
(Last)	(F	rst)	(Middle)		- [Officer below)	(give title		Other (s below)	pecify	
4505 EMPEROR BLVD. SUITE 200				05	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2015													
(Street)					_ 4.1	If Ame	endment, I	Date (of Original Fi	led ((Month/Day	//Year)	Line	,		_	(Check Apporting Person	
DURHA	M N	C 	27703		_									Form fi Person		than	One Repor	ting
(City)	(S	tate)	(Zip)											1 613611				
		Tal	ole I - Nor	n-Deriv	vativ	e Se	curitie	s Ac	quired, D	isp	osed of	f, or Ber	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date				Execution Date,			Code (In:	Transaction Disposed Of (D) (Instr. 3, 4			d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F	s Fo ally (D following (I)	Form: (D) or	Ownership orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	,	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)		
									uired, Dis s, options	•			-	Owned	<u> </u>			*
1. Title of Derivative Security (Instr. 3)	or Exercise (Month/Day/Year) if any			ransaction Code (Instr. []		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownershi Form: Direct (D) or Indirec (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)	D	

Explanation of Responses:

- $1. \ Automatic non-employee \ director \ grant \ pursuant \ to \ the \ Bio Cryst \ Pharmaceuticals, Inc. \ Stock \ Incentive \ Plan.$
- 2. Vests 1/12th per month over twelve months beginning June 20, 2015.

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

** 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.