FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	C
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1. Name and Address of Reporting Person*

STAAB THOMAS R II

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securiti or Section 30(h) of the Investment Cor

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		hours per response:	0.5		
2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	Director	10% Owi	ner		
BCRX	🗸 Officer (gi	ve title Other (sp	becify		

(1+)				x	Officer (give title below)	Other (specify below)	
(Last) (First) (Middle) 4505 EMPEROR BLVD. SUITE 200 (Street)		(Μιάαιε)	3. Date of Earliest Transaction (Month/Day/Year) 12/04/2018		Senior Vice President and CFO		
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	ividual or Joint/Group Filing (Check Applicat Form filed by One Reporting Person		
	NC	27703	_		Form filed by More that Person	Ū.	
(City)	(State)	(Zip)		1			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						Securities Beneficially	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	12/04/2018		S		3,922	D	\$9.45	133,461	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or		ration Date Amount of			8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security					(A) or Disposed of (D) (Instr. 3, 4 and 5)				and 4)		_	Following Reported Transaction(s) (Instr. 4)	(I) (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

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

12/06/2018

** 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.