FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* HOROVITZ ZOLA P					2. Issuer Name <b>and</b> Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				B	BCRX ]						2		give title	10% O Other (			
(Last) (First) (Middle) 4505 EMPEROR BLVD.					3. Date of Earliest Transaction (Month/Day/Year) 05/23/2012								below)		below)		
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable				
(Street) DURHA	.M N	C	27703									Line	Form fi	•	eporting Perso		
													Form filed by More than One Reporting Person				
(City)	(S		(Zip)														
			ole I - Non-D					<del>-</del>	Dis								
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.					rear)	Execution if any	A. Deemed xecution Date, any //onth/Day/Year)		Code (Instr. 5)			5. Amour Securitie Beneficia Owned F	s Fally (I ollowing (I	Ownership orm: Direct O) or Indirect ) (Instr. 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 - De (e.							osed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	Code		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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares					
Automatic Stock Option	\$3.32	05/23/2012		A		15,000		06/23/2012	(2)	05/23/2022	Common Stock	15,000	\$0	15,000	D		

## **Explanation of Responses:**

- $1. \ Automatic non-employee \ director \ grant \ pursuant \ to \ the \ Bio Cryst \ Pharmaceuticals, Inc. \ Stock \ Incentive \ Plan \ (the \ "Plan").$
- 2. Vest 1/12 per month over 12 months beginning June 23, 2012

/s/ Michael Richardson, by power of attorney

05/24/2012

\*\* 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.