FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burd	len								
	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).

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* SHERRILL JOSEPH H JR						2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						BCRX]								X				10% Ov	·		
(Last) (First) (Middle) 2190 PARKWAY LAKE DRIVE					_	3. Date of Earliest Transaction (Month/Day/Year) 05/17/2006									Officer (below)	Officer (give title below)		Other (s	specify		
															,						
					03																
					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) BIRMINGHAM		ΛТ	35244-											Line)	Form filed by One Reporting Person						
DIKWIIN	GHAM I	AL	33244-												Form filed by More than One Reporting						
(City)		(Ctata)	(7in)												Person		, tiltaii	опе перы	ung		
(City)		State)	(Zip)																		
		Ta	ble I - Noi	n-Deri	vativ	e Se	curitie	s Ac	quired, D	isp	osed of	f, or Be	nefic	ially	Owned						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ear)	A. Deemed Execution Date, f any Month/Day/Year		Code (Instr. 5)					4 and Securitie Beneficia Owned F		es For ally (D) Following (I) (: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code V		Amount	(A) oi (D)	Pr	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
			Table II -	Deriva	ative	Sec	urities	Acq	uired, Dis	spo	sed of,	or Ben	eficia	ally C	Owned	<u> </u>					
				(e.g., ¡	puts,	, call	s, warr	ants	s, options	, c	onvertib	ole secu	ıritie	s) ์							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution I if any (Month/Day	Date,	4. Transactior Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun 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 (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Co	Code	v	(A)	(D)	Date Exercisable		expiration	Title	or Num of	ımber							
Stock Option	\$12.26	05/17/2006	05/17/20	006	A		15,000		06/17/2006 ⁽¹⁾) 0	5/17/2016	Common Stock	15,	000	\$12.26	15,000)	D			

Explanation of Responses:

1. Vest @ 1/12 per month over 12 months

Mike Richardson by POA

05/18/2006

** 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.