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subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average burden hours per	
Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. OMB Number: 3235-02 Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Expires: 20 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Section 17(a) of the Public Utility Holding Company Act of 1940 (Print or Type Responses) 1. Name and Address of Reporting Person [*] . 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person ¹ 2. Issuer Name and Ticker or Trading Expires: January 20 Estimated average burden hours per response 5. Relationship of Reporting Person(s) to Issuer Sternlaw C	287
subject to Section 16. Form 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Section 16. Form 4 or Form 5 Estimated average burden hours per response Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Filed pursuant of the Securities Exchange Act of 1934, Section 17(a) of the Investment Company Act of 1940 (Print or Type Responses) 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer	31, 005
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- Symoor	
BIOCRYST PHARMACEUTICALS INC [BCRX] (Check all applicable)	
(Last) (First) (Middle) 3. Date of Earliest TransactionX_Director10% Owner (Month/Day/Voor)Officer (give titleOther (specify	
4505 EMPEROR BLVD., SUITE 05/20/2015 200 (Month/Day/Year) <u></u> Officer (give thiteOther (spechy below)	
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person	
(City) (State) (Zip)	
Table 1 - Non-Derivative Securities Acquired, Disposed of, or Denenciarly Owned	
1.Title of Security 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of Securities 6. Ownership 7. Nature of Form: Direct (Instr. 3) (Month/Day/Year) Execution Date, if any TransactionAcquired (A) or Code Securities Securities Form: Direct Indirect (Instr. 3) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I) Ownership (A) (A) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 4) (A) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4)	
Code V Amount (D) Price (IISU 9 and 4)	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.	
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 control number.SEC 1474 (9-02)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)	

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amoun
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorDerivative	Expiration Date	Underlying Securiti

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year	;)	(Instr. 3 and	4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amou or Numl of Sh
Automatic Stock Option Grant <u>(1)</u>	\$ 11.39	05/20/2015		А	15,000	06/20/2015 <u>(2)</u>	05/20/2025	Common Stock	15,0

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Erck Stanley C 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703	Х					
Signatures						
/s/ Alane P. Barnes, by power of attorney	of	f 05/22/2015				
**Signature of Reporting Person		Da	ite			

Explanation of Responses:

- * 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).
- (1) Automatic non-employee director grant pursuant to the BioCryst Pharmaceuticals, Inc. Stock Incentive Plan.
- (2) Vests 1/12th per month over twelve months beginning June 20, 2015.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.