## Edgar Filing: BIOCRYST PHARMACEUTICALS INC - Form 4

### BIOCRYST PHARMACEUTICALS INC

Form 4

December 31, 2015

FORI	FORM 4 UNITED STATES SECURITIES AND EVOLANCE COMMISSION						OMB APPROVAL		
· Oili	VI T UNITED		URITIES AND E Vashington, D.C.		E COMMISSIO	N OMB Number:	3235-028		
Check if no lo subject Section Form 4 Form 5 obligat may co See Ins 1(b).	Expires: Estimated burden hor response	urs per							
(Print or Type	e Responses)								
1. Name and Address of Reporting Person * Babu Yarlagadda S			suer Name <b>and</b> Ticker ol CRYST PHARMA [BCRX]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)					
(Last) (First) (Middle) 4505 EMPEROR BLVD., SUITE 200			te of Earliest Transaction th/Day/Year) 9/2015	Director 10% Owner _X_ Officer (give title Other (specify below)  Senior VP - Drug Discovery					
(Street)  DURHAM, NC 27703			Amendment, Date Origi Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
(City)	(State)	(Zip)	Table I - Non-Derivati	vo Socurities <i>N</i>	Person	of or Ranaficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. 4. Securif TransactionAcquire Code Dispos	ed (A) or ed of (D) 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: R	eport on a separate line	e for each class of	securities beneficially of	owned directly	or indirectly.				
			info requ disp	rmation cont uired to resp	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab	le II - Derivative	Securities Acquired, I	Disposed of. or	Beneficially Owner	d			

(e.g., puts, calls, warrants, options, convertible securities)

4.

5. Number of 6. Date Exercisable and

**Expiration Date** 

3. Transaction Date 3A. Deemed

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative

1. Title of 2.

7. Title and Amount of

**Underlying Securities** 

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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	Amount or Number of Shares
Emp. Stock Option (Right to Buy)	\$ 10.82	12/29/2015		A	62,573 (1)		12/29/2016	12/29/2025	Common Stock	62,573

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Babu Yarlagadda S 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703

Senior VP - Drug Discovery

# **Signatures**

/s/ Alane P. Barnes, by power of attorney 12/31/2015

\*\*Signature of Reporting Person Date

# **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) Annual Employee Option Grant becomes exercisable at the rate of 25% on each of the first, second, third and fourth anniversaries of the date of grant.

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.

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