#### **BIOCRYST PHARMACEUTICALS INC**

Form 4 January 05, 2016

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB** Number:

**OMB APPROVAL** 

Expires:

response...

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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

See Instruction 1(b).

Common

Stock

01/01/2016

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Barnes Alane P			2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle) 4505 EMPEROR BLVD., SUITE			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2016					Director 10% Owner _X_ Officer (give title Other (specify below)  VP, General Counsel & Corp Sec			
200											
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
DURHAM,	NC 27703	F	Filed(Month	h/Day/Year)	)			Applicable Line) _X_ Form filed by Form filed by Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Table	I - Non-D	erivative :	Securit	ies Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if y/Year)	3. Transactio Code (Instr. 8)	4. Security (In(A) or Di (Instr. 3,	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

F

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

D

68,288

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

1,281

(1)

D

#### Edgar Filing: BIOCRYST PHARMACEUTICALS INC - Form 4

	1. Title of Derivative	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4.	5.	6. Date Exerc Expiration D		7. Titl		8. Price of	9. Nu
Security (Instr. 3)		Conversion or Exercise Price of Derivative Security	(	any (Month/Day/Year)	Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ve s l		Underly Securitie (Instr. 3	, ,	Derivative Security (Instr. 5)	Deriv Secur Bene Own Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Barnes Alane P 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703

VP, General Counsel & Corp Sec

### **Signatures**

/s/ Alane P. 01/05/2016 Barnes

\*\*Signature of Date
Reporting Person

## **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) Shares withheld by BioCryst Pharmaceuticals, Inc. to satisfy the reporting person's withholding obligations upon the vesting of restricted stock units granted in 2013 and 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.

Reporting Owners 2