Edgar Filing: BIOCRYST PHARMACEUTICALS INC - Form 4

| BIOCRYST PH Form 4 June 03, 2013 | IARMACEUT | FICALS I | NC | | | | | | | |
|--|--------------------|---|-----------------|--|---|---|---|--|--------------------------|---|
| | | | | | | | | OMB APPROVAL | | |
| | UNITED | STATES | | RITIES A | | | COMMISSIO | N OMB Number: | 3235-0287 | 7 |
| Check this be if no longer subject to Section 16. Form 4 or | AENT OI | OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: Estimated burden ho response | urs per | 5 | |
| Form 5 obligations may continue <i>See</i> Instruction 1(b). | e. Section 17(| a) of the l | Public U | tility Hol | ding Cor | | nge Act of 1934, of 1935 or Section 940 | | | |
| (Print or Type Resp | oonses) | | | | | | | | | |
| 1. Name and Addr Erck Stanley C | | Person <u>*</u> | Symbol BIOCR | | | Trading | 5. Relationship o Issuer | of Reporting Pe eck all applicabl | | |
| (Last) | (First) (| Middle) | INC [B | - | ransaction | | X Director | 10 | % Owner | |
| (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 4505 EMPEROR BLVD., SUITE 05/31/2013 200 | | | lansaetton | | Officer (giv below) | | her (specify | | | |
| Filed(Month/Day/Year) Applicabl _X_Form Form | | | | | Applicable Line) _X_ Form filed by | or Joint/Group Filing(Check) by One Reporting Person by More than One Reporting | | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative | Securities A | cquired, Disposed | of. or Beneficia | ally Owned | |
| | Transaction Date | | ed Date, if | 3. Transactio Code (Instr. 8) Code V | 4. Securit nAcquired Disposed (Instr. 3, 4 | ies (A) or of (D) | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | |
| Reminder: Report | on a separate line | e for each cl | ass of secu | urities benet | ficially ow | ned directly | or indirectly. | | | |
| | | | | | inforn requii | nation cont red to resp ays a curre | spond to the colle tained in this form ond unless the fo ntly valid OMB co | n are not rm | SEC 1474 (9-02) | |
| | Tab | | | | | posed of, or convertible | Beneficially Owner securities) | 1 | | |

| 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 | TransactionDerivative | 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> | \$ 1.71 | 05/31/2013 | | А | 15,000 | 06/30/2013 <u>(2)</u> | 05/31/2023 | 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 Barnes, by power of attorney | | 06/03/20 |)13 | | | |
| **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) Automatic non-employee director grant pursuant to the BioCryst Pharmaceuticals, Inc. Stock Incentive Plan.
- (2) Vests 1/12 per month over 12 months beginning June 30, 2013.

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.