#### **BIOCRYST PHARMACEUTICALS INC**

Form 4 May 25, 2016

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or

Check this box

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

Form 5 obligations may continue. See Instruction

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

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* Erck Stanley C

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

**BIOCRYST PHARMACEUTICALS** 

(Check all applicable)

INC [BCRX]

(Middle)

3. Date of Earliest Transaction (Month/Day/Year)

05/23/2016

X\_ Director Officer (give title below)

10% Owner Other (specify

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

4505 EMPEROR BLVD., SUITE

(First)

(Street)

200

Security

(Instr. 3)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

DURHAM, NC 27703

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed

3. 4. Securities (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Code Disposed of (D)

(Instr. 8)

5. Amount of 6. Ownership Securities Beneficially Owned (I) Following

7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

(Instr. 3, 4 and 5)

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

(Month/Day/Year)

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.

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

1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and Derivative (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date** Conversion

7. Title and Amoun Underlying Securiti

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

any

Code

Securities

(Month/Day/Year)

(Instr. 3 and 4)

| (Instr. 3)                                | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | (Instr. | 8) | Acquired or Dispose (D) (Instr. 3, 4 and 5) | (A)<br>ed of | (Monta Day) Tea  | ,                  | (msu s una      | ·                           |
|---|------------------------------------|------------|------------------|---------|----|---|--------------|------------------|--------------------|-----------------|-----------------------------|
|   |                                    |            |                  | Code    | V  | (A)   | (D)          | Date Exercisable | Expiration<br>Date | Title           | Amou<br>or<br>Numb<br>of Sh |
| Automatic<br>Stock<br>Option<br>Grant (1) | \$ 3.22                            | 05/23/2016 |                  | A       |    | 30,000                                      |              | 06/23/2016(2)    | 05/23/2026         | Common<br>Stock | 30,0                        |

## **Reporting Owners**

or Exercise

| Reporting Owner Name / Address  | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| •   | Director      | 10% Owner | Officer | Other |  |  |  |
| Erck Stanley C<br>4505 EMPEROR BLVD.<br>SUITE 200<br>DURHAM, NC 27703 | X             |           |         |       |  |  |  |

### **Signatures**

Security

/s/ Alane P. Barnes, by power of attorney 05/25/2016

\*\*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 1/12th per month over twelve months beginning June 23, 2016.

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