

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Baker / Tisch Capital (GP), LLC</u>  (Last) (First) (Middle) 667 MADISON AVENUE 17TH FLOOR  (Street) NEW YORK NY US 10021  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/06/2007	3. Issuer Name and Ticker or Trading Symbol <u>BIOCRYST PHARMACEUTICALS INC [ BCRX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock <sup>(1)(2)</sup>	25,042	I	Through Partnership <sup>(3)(4)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person\*  
Baker / Tisch Capital (GP), LLC  
 (Last) (First) (Middle)  
 667 MADISON AVENUE 17TH FLOOR  
 (Street)  
 NEW YORK NY US 10021  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
BAKER JULIAN  
 (Last) (First) (Middle)  
 667 MADISON AVENUE, 17TH FLOOR  
 (Street)  
 NEW YORK NY US 10021  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
BAKER FELIX  
 (Last) (First) (Middle)  
 667 MADISON AVENUE, 17TH FLOOR  
 (Street)  
 NEW YORK NY US 10021  
 (City) (State) (Zip)

**Explanation of Responses:**

1. In addition to Baker/ Tisch Capital (GP), LLC, this Form 4 is being filed jointly by Julian C. Baker and Felix J. Baker, each of whom has the same business address as Baker/ Tisch Capital (GP), LLC and

