FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingt

on, D.C. 20549		OMB APPROVAL

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Check this box if no longer subject to							
Section 16. Form 4 or Form 5							
obligations may continue. See							
Instruction 1(h)							

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Gayer Charles K			<u>B</u>	2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC BCRX								lationship of ck all applica Director Officer (able)	g Perso	on(s) to Issu 10% Ow Other (s	ner			
(Last) 4505 EM	(F IPEROR BI	iirst) LVD.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2023							^	below)			below) cial Officer		
SUITE 200				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)							
(Street) DURHA	M N	C	27703											X		•		One Report	
(City) (State) (Zip)					F	Rule 10b5-1(c) Transaction Indication													
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Transaction I Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amount Securities Beneficial Owned For Reported	ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or	Price	Transaction (Instr. 3 ar					
Common Stock			12/	/14/20	23			A		34,000	(1)		\$ <mark>0</mark>	282,855			D		
Common Stock 12			12/	/14/20	1/2023			F		5,8400	2) [\$6.43		,015		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	Code (In				e s I (A) sed str.	Expiration Date (Month/Day/Yea			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	or Nu	nount mber Shares		(Instr. 4)			
Emp. Stock Option (Right to	\$6.43	12/14/2023			A		158,500		12/14/2024	₄ (3)	12/14/2033	Commor Stock	15	8,500	\$0	158,50	00	D	

Explanation of Responses:

- 1. Annual award of Restricted Stock Units which will vest 25% on each of the first, second, third and fourth anniversaries of the date of grant.
- 2. Represents shares withheld by the issuer to satisfy required tax withholding obligations in connection with the vesting of previously granted Restricted Stock Units. This transaction does not represent a sale by the

3. 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

/s/ Alane P. Barnes, by power of 12/18/2023 attorney

** Signature of Reporting Person Date

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

 * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.