FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours per response: | | | | | | | | | | | |

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

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* HEGGIE THERESA | | | | | 2. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC | | | | | | | | (Che | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------|----------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|----------------------|----------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|-----|
| | | | | | | [BCRX] | | | | | | | | 4 | _ | tor er (give title | | Other (| · I |
| (Last) | (Fir | st) (N | | | | | | | | | 4 | below | | | below) | Specify | | | |
| 4505 EMPEROR BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2023 | | | | | | | | | | | | | |
| SUITE 200 | | | | | | 02/20/2023 | | | | | | | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| DURHA | M NC | 2 | 7703 | | | | | | | | | | | | | filed by Mo | | - | - 1 |
| (City) | (Sta | ate) (ž | Zip) | | | | | | | | | | | | . 0.00 | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | urities | s Acq | uired, | Dis | posed of | , or E | Bene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution I | | Date, Transaction Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | (A) or 3, 4 and | Benefic | ies cially Following | Form: | nership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | action(s) 3 and 4) | | | (11150.4) | | | |
| Common Stock ⁽¹⁾ 02/28/2 | | | | | 2023 | | | A | | 635 | A | A | \$8.85 | 85 31,689 | | | 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) | if any | med on Date, (Day/Year) | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | estr. | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Num of Shai | . | | | | | |

Explanation of Responses:

1. Shares of Common Stock issued to the reporting person in lieu of 50% of the quarterly cash Board Member retainer of \$11,250.

/s/ Alane P. Barnes, by power of attorney

03/02/2023

** 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.