

BIOCRYST PHARMACEUTICALS INC
 Form 3
 August 26, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Barnes Alane P (Last) (First) (Middle) 1929 BRASSFIELD ROAD (Street) RALEIGH,Â NCÂ 27614 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/26/2013	3. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) VP, General Counsel & Corp Sec	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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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	41,931	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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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 of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title	Amount or Number of		

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				Shares		(I) (Instr. 5)	
Emp. Stock Option (Right to Buy)	09/18/2007 ⁽¹⁾	09/18/2016	Common Stock	10,000	\$ 9.95	D	Â
Emp. Stock Option (Right to Buy)	05/16/2008 ⁽¹⁾	05/16/2017	Common Stock	3,512	\$ 7.98	D	Â
Emp. Stock Option (Right to Buy)	03/14/2009 ⁽¹⁾	03/14/2018	Common Stock	6,709	\$ 3.26	D	Â
Emp. Stock Option (Right to Buy)	03/02/2010 ⁽¹⁾	03/02/2019	Common Stock	13,500	\$ 1.2	D	Â
Emp. Stock Option (Right to Buy)	03/01/2011 ⁽¹⁾	03/01/2020	Common Stock	42,000	\$ 6.68	D	Â
Emp. Stock Option (Right to Buy)	03/01/2012 ⁽²⁾	03/01/2021	Common Stock	30,000	\$ 4.15	D	Â
Emp. Stock Option (Right to Buy)	03/01/2013 ⁽²⁾	03/01/2022	Common Stock	50,000	\$ 4.73	D	Â
Emp. Stock Option (Right to Buy)	01/01/2014 ⁽³⁾	01/01/2023	Common Stock	100,000	\$ 1.42	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Barnes Alane P 1929 BRASSFIELD ROAD RALEIGH, NC 27614	Â	Â	Â VP, General Counsel & Corp Sec	Â

Signatures

/s/ Alane P.
Barnes

08/26/2013

**Signature of
Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) Options become exercisable at the rate of 25% after 1 year and then 1/48 per month thereafter until fully vested and exercisable after 48 months.
- (2) Options become exercisable at a rate of 25% on each of the first, second, third and fourth anniversaries of the date of grant.
50,000 Annual Employee Stock Options become exercisable at the rate of 25% on each of the first, second, third and fourth anniversaries
- (3) of the date of grant. 50,000 Retention Stock Options become exercisable at the rate of 50% on each of the first and second anniversaries of the date of grant.

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.