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BIOCRYST PHARMACEUTICALS INC

Form 4 March 08, 2017

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Expires: January 31, 2005

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0.5

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction 1(b).

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

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(Print or Type Responses)

| 1. Name and Address of Reporting Person * STAAB THOMAS R II | | | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | |
|---|----------|----------|---|---|--|--|
| | | | BIOCRYST PHARMACEUTICALS INC [BCRX] | (Check all applicable) | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | Director 10% OwnerX_ Officer (give title Other (specify | | |
| 4505 EMPEROR BLVD., SUITE 200 | | | 03/06/2017 | below) below) Senior Vice President and CFO | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| DURHAM, NC 27703 | | | Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporti Form filed by More than O Person | | | |
| (City) | (State) | (Zip) | Table I Non Dominative Committee Acc | united Disposed of an Danoficially Owner | | |

| (City) | (State) | Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
|------------------------|--------------------------------------|--|------------|-------------------------|-----------|---|---------------------------|----------------------|------------|--|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 3. 4. Securities Acquired Transaction(A) or Disposed of | | | | 5. Amount of Securities | 6. Ownership Form: Direct | | | |
| (Instr. 3) | • • | any | Code | * 1 | | | Beneficially | (D) or | Beneficial | |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) (A) | | Owned Indirect (I) Following (Instr. 4) | | Ownership (Instr. 4) | | |
| | | | | | | Reported Transaction(s) | | | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock (1) | 03/06/2017 | | M | 3,250 | A | \$ 3.78 | 120,563 | D | | |
| Common Stock (1) | 03/06/2017 | | S | 3,250 | D | \$ 7.9 | 117,313 | D | | |

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

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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/Year) | 4. Transactic Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Emp. Stock Option (Right to Buy) | \$ 3.78 | 03/06/2017 | | M | 3,250 | 07/01/2012 | 07/01/2021 | Common Stock | 3,250 |

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Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

STAAB THOMAS R II 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703

Senior Vice President and CFO

Signatures

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

03/08/2017

Date

**Signature of Reporting Person

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) This transaction was made pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 26, 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.

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