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BIOCRYST PHARMACEUTICALS INC

Form 4 January 05, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

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Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue.

See Instruction 1(b).

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 * Stonehouse Jon P

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

BIOCRYST PHARMACEUTICALS INC [BCRX]

(Check all applicable)

President & CEO

3. Date of Earliest Transaction (Month/Day/Year) 01/01/2015

X_ Officer (give title below)

X Director

10% Owner Other (specify

4505 EMPEROR BLVD., SUITE

(First)

(Street)

(State)

01/01/2015

(Middle)

200

(Last)

(City)

Stock

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person

D

Form filed by More than One Reporting Person

DURHAM, NC 27703

	(City)	(State) (Table Table	e I - Non-D	erivative S	Securi	ties Acqu	iired, Disposed of	, or Beneficiall	y Owned
5	.Title of Security	2. Transaction Date (Month/Day/Year)	3. Transactio	` ′	sposed	of (D)	5. Amount of 6. 7. Natur Securities Ownership Indirect			
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	, , ,			Beneficially Owned	Form: Direct (D) or	Beneficial Ownership
					(A) or		Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)	
	Common Stock	01/01/2015		Code V A	Amount 28,400 (1)	(D)	Price \$ 0	670,540	D	
(Common	01/01/2015		E	5,652	D	\$	661 000	D	

(2)

D

12.16

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

F

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	TC'41	or		
						Exercisable	Date	Title	Number		
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address				Keiationsnips
	ъ.	100	_	0.00

Other Director 10% Owner Officer

Stonehouse Jon P

4505 EMPEROR BLVD. X President & CEO

SUITE 200 DURHAM, NC 27703

Signatures

/s/ Alane P. Barnes, by power of 01/05/2015 attorney

> **Signature of Reporting Person Date

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).
- 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. In addition, the reporting person received an Annual Employee Option Grant of 135,700 non-qualified stock options. These options will vest upon the successful completion of various performance objectives not related to the Company's stock price and as such will be reported upon vesting.
- Shares withheld by BioCryst Pharmaceuticals, Inc. to satisfy the reporting person's withholding obligations upon the vesting of restricted stock units granted in 2013.

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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