Hutson Nancy J Form 3								
January 23, 2012								
FORM 3	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					OMB APPROVAL		
						3235-010	4	
INITIAL STATEMENT OF BEN SECURI					Expires:	January 3 <sup>-</sup> 200		
	Securities Exchange Act of 19 ng Company Act of 1935 or Se ompany Act of 1940		Estimated a burden hou response	rs per	5			
(Print or Type Respon	ses)							
1. Name and Address of Reporting Person *2. Date of Event Requiring Statement Hutson Nancy J(Month/Day/Year)		<sup>ag</sup> 3. Issuer Name and Ticker or Trading Symbol BIOCRYST PHARMACEUTICALS INC [BCRX]						
(Last) (Fir	st) (Middle)	01/20/2012	4. Relationship of Reporting	5. If A	mendment, D	ate Original		

Person(s) to Issuer

\_X\_ Director

Officer

(Check all applicable)

(give title below) (specify below)

3.

10% Owner

\_ Other

Table I - Non-Derivative Securities Beneficially Owned

Ownership

Direct (D) or Indirect (I) (Instr. 5)

D

SEC 1473 (7-02)

Form:

Filed(Month/Day/Year)

Person

Ownership

(Instr. 5)

Â

Reporting Person

4. Nature of Indirect Beneficial

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting

Form filed by More than One

#### **64 MONTAUK AVENUE**

(Street)

### STONINGTON, CTÂ 06378

(City) (Zip) (State)

1. Title of Security (Instr. 4)

**Common Stock** 

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

> 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 control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

2. Amount of Securities

Beneficially Owned

(Instr. 4)

5,891

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

Shares

(I) (Instr. 5)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
I O	Director	10% Owner	Officer	Other		
Hutson Nancy J 64 MONTAUK AVENUE STONINGTON, CT 06378	ÂX	Â	Â	Â		
Signatures						
/s/ Michael Richardson, by pow attorney	er of	01/23/2012				
**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).

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.