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Babu Yarlagadd Form 4											
December 21, 20									APPROVAL		
FORM 4	UNITED	STATES	SECU	RITIES A	AND EX	CHANGE	E COMMISSIO		-		
Chastr this ha			ashington				Number:	3235-0287			
Check this bo if no longer subject to Section 16. Form 4 or Form 5	STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 19						Estimated burden ho response.	Expires: January 31, 2005 Estimated average burden hours per response 0.5		
obligations may continue. <i>See</i> Instructio 1(b).	Section 17(a) of the F	ublic U	Jtility Hol	ding Cor		of 1935 or Secti				
(Print or Type Respo	onses)										
1. Name and Addre Babu Yarlagado			Symbol	er Name an o		-	5. Relationship o Issuer	of Reporting Pe	rson(s) to		
			BIOCRYST PHARMACEUTICALS INC [BCRX]				LS (Check all applicable)				
(Last)	(First) (I		3. Date of Earliest Transaction			Director 10% Owner X Officer (give title Other (specify					
4505 EMPEROR BLVD., SUITE 200			12/20/2018 below)					/P - Drug Discovery			
		4. If Amendment, Date Original Filed(Month/Day/Year)			ıl	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 					
DURHAM, NC	27703						Form filed by Person	More than One F	Reporting		
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned		
	ransaction Date nth/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report o	n a separate line	e for each cla	iss of sec	urities bene	ficially ow	ned directly	or indirectly.				
					inforn requi	nation con red to resp ays a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab					posed of, or convertible	Beneficially Owner securities)	d			
1. Title of 2. Derivative Conve		action Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and A Underlying S		

. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
erivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8	Securities Acquired (A Disposed of (Instr. 3, 4, 5)	f (D)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code	/ (A)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Emp. Stock Option (Right to Buy)	\$ 7.06	12/20/2018		A	235,000 (1)		12/20/2019	12/20/2028	Common Stock	235,00
Reporting Owners										

Reporting Owner Name / Address	ress Relationships						
1	Director	10% Owner	Officer	Other			
Babu Yarlagadda S 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703			Senior VP - Drug Discovery				
Signatures							
/s/ Alane P. Barnes, by power of attorney	of	12/21	/2018				

<u>**</u>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).
- (1) Annual Employee Option Grant becomes exercisable at the rate of 25% on each of the first, second, third and fourth 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.