

Babu Yarlagadda S
Form 4
March 01, 2012

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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 *
Babu Yarlagadda S

2. Issuer Name and Ticker or Trading Symbol
BIOCRYST PHARMACEUTICALS INC [BCRX]

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
VP Drug Discovery

(Last) (First) (Middle)
4505 EMPEROR BLVD., SUITE 200
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
02/29/2012

DURHAM, NC 27703

4. If Amendment, Date Original Filed(Month/Day/Year)

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

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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 Ownership (Instr. 4)
				Code	V	Amount			
Common Stock	02/29/2012		M			1,834	A \$ 0	54,572	D
Common Stock	02/29/2012		M			921	A \$ 0	55,493	D
Common Stock	02/29/2012		M			6,608	A \$ 0	62,101	D
Common Stock	02/29/2012		M			31,179	A \$ 0	93,280	D
Common Stock	02/29/2012		M			13,126	A \$ 0	106,406	D

Edgar Filing: Babu Yarlagadda S - Form 4

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.

SEC 1474
(9-02)

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. Transaction 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)	\$ 1.18	02/29/2012		M	1,834	08/05/2003 08/05/2012	Common Stock 1,834
Emp. Stock Option (Right to Buy)	\$ 1.04	02/29/2012		M	921	12/11/2003 12/11/2012	Common Stock 921
Emp. Stock Option (Right to Buy)	\$ 0.87	02/29/2012		M	6,608	02/03/2004 02/03/2013	Common Stock 6,608
Emp. Stock Option (Right to Buy)	\$ 1.2	02/29/2012		M	31,179	03/02/2010 03/02/2019	Common Stock 31,179
Emp. Stock Option (Right to Buy)	\$ 1.2	02/29/2012		M	13,126	03/02/2010 03/02/2019	Common Stock 13,126

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Babu Yarlagadda S 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703			VP Drug Discovery	

Signatures

/s/ Michael Richardson, by power of attorney	03/01/2012
**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).

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.