Edgar Filing: BIOCRYST PHARMACEUTICALS INC - Form 4

BIOCRYST PHARMACEUTICALS INC

Form 4 March 06, 2015

FORM 4

OMB APPROVAL

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

OMB 3235-0287 Number: January 31, Expires:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction

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

1(b).

Common

Stock

03/05/2015

(Print or Type Responses)

1. Name and Address of Reporting Person * Babu Yarlagadda S			Symbol	YST PHA	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)			DirectorX Officer (give		Owner er (specify			
4505 EMPEROR BLVD., SUITE			03/05/2	•		below) below) Senior VP - Drug Discovery					
200					Semor v	1 - Diug Disco	very				
		4. If Ame	ndment, D	ate Original	6. Individual or Joint/Group Filing(Check						
		Filed(Mor	nth/Day/Yea	r)	Applicable Line)						
DURHAM, NC 27703						_X_ Form filed by One Reporting Person Form filed by More than One Reporting					
DURHAM, NC 21703						Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of	2. Transaction Date	e 2A. Deen	ned	3.	4. Securities Acquired	5. Amount of	6.	7. Nature of			
Security	(Month/Day/Year)	Execution	n Date, if	Transaction(A) or Disposed of (D)		Securities	Ownership	Indirect			
(Instr. 3)		any		Code	(Instr. 3, 4 and 5)	Beneficially	Form: Direct	Beneficial			
		(Month/D	Day/Year)	(Instr. 8)		Owned	(D) or	Ownership			

Code V Amount

S

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Following

Reported

160,802

Transaction(s) (Instr. 3 and 4)

(A)

(D)

37,400 D

Price

10.59

\$

(1)

Indirect (I)

(Instr. 4)

D

(Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	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		Securi	ties	(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)						
									A		
									Amount		
						Date	Expiration		or		
							Date		Number		
				~					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

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

03/06/2015

**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).

The price in column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$10.50 to \$10.74. The (1) reporting person will provide to the issuer, any security holder of the issuer, or the SEC staff, upon request, full information regarding the number of shares sold at each price within the range set forth in this footnote.

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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