## Edgar Filing: BIOCRYST PHARMACEUTICALS INC - Form 4

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BIOCRYST PHARMACEUTI Form 4	CALS INC					
March 18, 2008						
					OMB APPROVAL	
UNITEDS	OMB Number:	3235-0287				
Check this box if no longer subject to Section 16.		ES IN BENEFICIA ECURITIES	Expires: January 3 20 Estimated average burden hours per			
Form 4 or	Form 4 or					
-1-1:	of the Public Utilit		xchange Act of 1934, Act of 1935 or Section of 1940			
(Print or Type Responses)						
1. Name and Address of Reporting Pa BENNETT J CLAUDE	Symbol	me <b>and</b> Ticker or Tradin T PHARMACEUTI	Issuer	Reporting Per	son(s) to	
	INC [BCR		(Check	all applicable	e)	
(Last) (First) (M	ddle) 3. Date of Ea (Month/Day/	rliest Transaction Year)	X Director X Officer (give t	title Oth	b Owner er (specify	
2190 PARKWAY LAKE DRI	VE 03/14/2008	3	/	below) below) Chief Operating Officer		
(Street)		iled(Month/Day/Year) Applicable Line)		oint/Group Filing(Check One Reporting Person		
BIRMINGHAM, AL 35244-			Form filed by Me Person	ore than One Re	eporting	
(City) (State) (Z	Cip) Table I	Non-Derivative Securi	ties Acquired, Disposed of,	or Beneficial	lly Owned	
(Instr. 3)	Execution Date, if Tra ny Coo Month/Day/Year) (Ins	(A) or	Securities For Beneficially (D ) Owned (D	Ownership orm: Direct o) or Indirect hstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

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

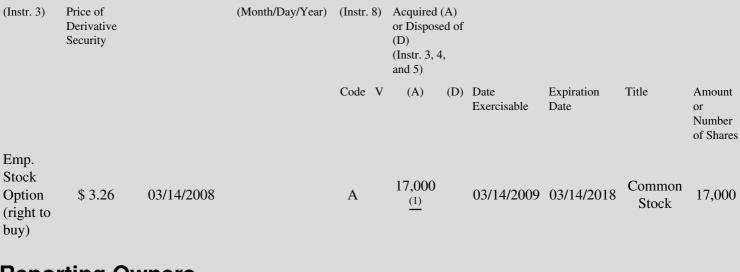
Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

 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. Deen	ned 4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year) Execution	n Date, if Transac	tiorDerivative	Expiration Date	Underlying Securities
Security	or Exercise	any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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## **Reporting Owners**

\*\*Signature of Reporting Person

<b>Reporting Owner Name / Address</b>	Relationships				
	Director	10% Owner	Officer	Other	
BENNETT J CLAUDE 2190 PARKWAY LAKE DRIVE BIRMINGHAM, AL 35244-	X		Chief Operating Officer		
Signatures					
Michael Richardson By POA	03/18/200	)8			

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Options become exercisable at the rate of 25% after 1 year and then 1/48 per month thereafter until fully vested and exercisable after 48 months.

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.