FORM	4
------	---

(Print or Type R

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer												
	s of Reporting Person				<i>.</i> .	ol	5. Relationship of Reporting Person(s) to Issuer					
STEER RANDO	LPH C		TECHNE CORP	/MN/ [TE	CH]			(Check all applicable) X Director 10% Owner				
(Last)	(First)	(Middle)	3. Date of Earliest T	ransaction (Mon	th/Day/Ye	ear)		ther (specify bel	ow)		
C/O BIOCRYST	a tra	10/21/2004	runsuetion (
INC, 2190 PKWY LAKE DRIVE			10/21/2004									
INC, 2190 FKW	I LAKE DRIVE											
	(Street)		4. If Amendment, D	ate Original	File	d(Month/Da	/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)				
								_X_Form filed by One Reporting Person				
BIRMINGHAM,						Form filed by More than One Reporting Person						
(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
		-			I-Dei	Ivative S	ecurities	Acqu	ired, Disposed of, or Beneficially Ov	viicu	-	
1.Title of Security		2. Transaction	2A. Deemed	3. Transaction 4. Securities Acquired			ties Acq	uired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3)		Date	Execution Date, if	Code		(A) or Disposed of (D)			Owned Following Reported	Ownership	of Indirect	
		(Month/Day/Year)	any	(Instr. 8)		(Instr. 3, 4 and 5)			Transaction(s)	Form:	Beneficial	
			(Month/Day/Year)						(Instr. 3 and 4)	Direct (D)	Ownership	
										or Indirect	(Instr. 4)	
							(A) or			(I)		
				Code	V	Amount	(D)	Price		(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
 SEC 1474 (9-02)

 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)															
Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code		5. Number on of		6. Date Exerc Expiration Da (Month/Day/ [*]	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial
				Code	v	(A)		Date Exercisable	Expiration Date		Amount or Number of Shares				
Director Stock Option	\$ 37.10	10/21/2004		А		5,000		10/21/2004	10/20/2014	Common Stock	5,000	\$ 0	5,000	D	
Director Stock Option	\$ 20							10/21/1999	10/21/2009	Common Stock	20,000		20,000	D	
Director Stock Option	\$ 52.6565							11/09/2000	11/09/2010	Common Stock	10,000		10,000	D	
Director Stock Option	\$ 29.10							10/18/2001	10/18/2011	Common Stock	5,000		5,000	D	
Director Stock Option	\$ 30.65							10/24/2002	10/24/2012	Common Stock	5,000		5,000	D	
Director Stock Option	\$ 32.90							10/23/2003	10/23/2013	Common Stock	5,000		5,000	D	

Reporting Owners

Dementing Original Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
STEER RANDOLPH C C/O BIOCRYST PHARMACEUTICALS, INC 2190 PKWY LAKE DRIVE BIRMINGHAM, AL 35244	х						

Signatures

10/22/2004

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.