FORM 4

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

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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 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty		`													
	pe Response		*		3.T		m: 1		~	5 D	alatianahi	n of Donout	in a Dansan(a) to	. Iaman	
1. Name and Address of Reporting Person – STEER RANDOLPH C								er or Trading ! / [TECH]	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O BIOCRYST PHARMACEUTICALS, INC, 2190 PKWY LAKE DRIVE (Street)			(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/29/2009					x_	X_ Director 10% Owner Officer (give title below) Other (specify below)					
			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person)		
BIRMINGHAM, AL 35244 (City) (State) (Zip)				Table I - Non-Darivative Securities Acqu					Acquired	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	1.Title of Security 2. Transaction		2A. Deemed Execution Date, i		te, if	3. Transaction Code (Instr. 8)		Securities Acquirities Acquiri	uired 5. A of (D) Owr Trar	mount of	Securities E wing Report	Beneficially 6. Ov Fo Di or (I)	Ownership of Sorm: B Direct (D) Or Indirect (I	eneficial wnership	
Reminder:	Report on a	separate line for eac	h class of securities	beneficia	ally o	owned o	lirect	Persons containe	who respon	m are not	required	l to respoi	nd unless the	SEC 147	74 (9-02)
									ed of, or Bene vertible secur		ned				
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	tion	s, warr 5. Num	tive ies ed		vertible secur isable and ate		1		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	of Indire Benefici Ownersh
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	tion	s, warr 5. Num of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 2 and 5)	tive ies ed	6. Date Exerc Expiration Da	vertible secur isable and ate	7. Title and Amount of Underlying Securities	1	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Natu of Indire Benefici Ownersh (Instr. 4)
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Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Date, if any	e.g., puts. 4. Transac Code (Instr. 8	y v	s, warr 5. Num of Deriva Securit Acquir (A) or Dispos of (D) (Instr.: and 5)	tive ies ed ed 33, 4,	Date Exercisable 0. Date Exercisable 0. Date Exercisable	vertible secur isable and ate Year) Expiration Date	7. Title and Amount of Underlying Securities (Instr. 3 and Title	Amount or Number of Shares	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	of Indire Benefici Ownersl

Reporting Owners

P. 6. O. N. /All	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	X				

Signatures

Randolph C. Steer	10/30/2009
**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.	