## Edgar Filing: CHIMERIX INC - Form 4

CHIMERE Form 4	X INC										
January 12	, 2016										
FOR	M 4		CECU			CHANCE		т	APPROVAL		
	UNITED	STATES		RITIES A			COMMISSION	OMB Number:	3235-0287		
Check if no lo	this box			U	-			Expires:	January 31,		
subject Sectior	to SIAIE	MENT OI	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						2005 average urs per		
Form 4 Form 5 obligat may co <i>See</i> Ins 1(b).	Filed pu	(a) of the l	Public U	Itility Hol	ding Co		nge Act of 1934, of 1935 or Sectio 940	response )n	. 0.5		
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> Nichols Garrett			2. Issuer Name <b>and</b> Ticker or Trading Symbol CHIMERIX INC [CMRX]			-	5. Relationship of Reporting Person(s) to Issuer				
(Last)						-]	(Check all applicable)				
	/IERIX, INC., 250 N PARKWAY, S		(Month/Day/Year) 01/08/2016				Director 10% Owner X Officer (give title Other (specify below) below) Chief Medical Officer				
	(Street)		4. If Am	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
DUDUAL	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting						
DURHAN	1, NC 27713						Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Securities A	cquired, Disposed o	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: R	eport on a separate lin	e for each cl	ass of sec	urities bene	ficially ow	ned directly of	or indirectly.				
					inforr requi	nation cont red to respo ays a curre	spond to the collect ained in this form ond unless the for ntly valid OMB co	are not m	SEC 1474 (9-02)		
	Tab					sposed of, or convertible s	Beneficially Owned securities)				
1. Title of Derivative		saction Date /Day/Year)			4. Transact	5. Number iorDerivative			7. Title and Amount of Underlying Securities		

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A Disposed of (Instr. 3, 4, 4 5)	f (D)	(Month/Day/Year)		(Instr. 3 and 4)	
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 8.06	01/08/2016		A	178,000		<u>(1)</u>	01/07/2026	Common Stock	178,000

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Nichols Garrett C/O CHIMERIX, INC. 2505 MERIDIAN PARKWAY, SUITE 340 DURHAM, NC 27713			Chief Medical Officer				
Signatures							
/s/ Michael A. Alrutz, Attorney-in-Fact	01/12/201	6					
**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).

(1) 1/48th of the shares subject to the option vest in equal monthly installments over a four year period following the date of grant.

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.