Edgar Filing: STAAB THOMAS R II - Form 4

STAAB THC	OMAS R II										
Form 4											
January 03, 2	018										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANG				BENEFI	CIA	LOW	NERSHIP OF		2005		
subject to Section 16	б.		SECUR	SECURITIES				Estimated average burden hours per			
Form 4 or									response 0.5		
Form 5	Filed purs	uant to Section	16(a) of the	e Securit	ies E	xchang	ge Act of 1934,	·			
obligation may conti) of the Public	Utility Hold	ling Com	ipany	Act of	f 1935 or Sectio	n			
See Instru		30(h) of the 1	Investment	Compan	y Ac	t of 194	40				
1(b).											
(Print or Type R	esponses)										
1 Name and A	ddrass of Doporting D	or:on * • • •			.		5 Delationship of	f Danarting Dar	con(s) to		
STAAB TH	ddress of Reporting P		er Name and	Ticker or	Fradir	ıg	5. Relationship of Reporting Person(s) to Issuer				
STAD III		Symbol		DMACI		CALC					
			RYST PHA	ARMACI	2011	CALS	(Check all applicable)				
			BCRX]								
(Last)	(First) (M		of Earliest Tr	ransaction			Director X Officer (give		b Owner er (specify		
4505 EMDE			/Day/Year)				below)	below)			
200 EMPE	ROR BLVD., SU	ITE 01/01/	2018				Senior Vic	ce President and	d CFO		
200	(Street)										
		endment, Date Original				6. Individual or Joint/Group Filing(Check					
Filed(Mont)			Applicable Line) _X_ Form filed by One Reporting Person				
DURHAM,	NC 27703							More than One Re			
DURITANI, I	NC 21105						Person				
(City)	(State) (2	Zip) Ta	ble I - Non-D	erivative S	Securi	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date	2A. Deemed	3.	3. 4. Securities Acquired			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Date, i		Transaction(A) or Disposed of Code (D) (Instr. 2) (Instr. 2, 4 and 5)			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month/Day/Vaa						(D) or Indirect (I)	Beneficial		
		(Month/Day/Year	(Instr. 8)	(Instr. 8) (Instr. 3, 4 and 5)		Following	(Instr. 4)) Ownership (Instr. 4)			
							Reported	(11041 1)	(1115411-1)		
					(A) or		Transaction(s)				
			Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Common	01/01/2018		F	852 (1)	D	\$	141 362	D			
Stock	01/01/2018		Г	832 <u>(1)</u>	D	4.91	141,362	D			

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 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
STAAB THOMAS R II 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703			Senior Vice President and CFO				
Signatures							
/s/ Alane P. Barnes, by power of attorney	of	01/03	/2018				
**Signature of Reporting Person		Da	te				

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) Shares withheld by BioCryst Pharmaceuticals, Inc. to satisfy the reporting person's withholding obligations upon the vesting of restricted stock units granted in 2015.

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.