Edgar Filing: Babu Yarlagadda S - Form 4

| Babu Yarlagado Form 4 | | | | | | | | | | |
|---|---|---------|-----------------------|---|--------|------------|--|--|---|--|
| January 03, 201 | 4 UNITED S | | | | | | | | | |
| Check this be if no longer subject to Section 16. Form 4 or Form 5 obligations may continue <i>See</i> Instruction 1(b). | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | |
| (Print or Type Resp | oonses) | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] Babu Yarlagadda S BIOCRY INC [BC | | | | Ticker or ' | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of 1 (Month/Da 4505 EMPEROR BLVD., SUITE 01/01/20 200 | | | | ansaction | | | Director 10% Owner Officer (give title Other (specify below) below) below) Senior VP - Drug Discovery | | | |
| | (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| DURHAM, NO | 2 27703 | | | | | | | More than One Re | | |
| (City) | (State) (Z | Zip) Ta | ble I - Non-D | erivative S | Securi | ties Acc | uired, Disposed o | f, or Beneficial | ly Owned | |
| | Transaction Date Month/Day/Year) | | Code c) (Instr. 8) | 4. Securi on(A) or Di (D) (Instr. 3, | spose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common 0 Stock | 1/01/2019 | | F | 771 <u>(1)</u> | D | \$ 8.07 | 108,100 | 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) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Amou Under Secur | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|------------------------|---|---|--|
| | | | | Code V | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: Babu Yarlagadda S - Form 4

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------------------------|-------|--|--|--|
| i o | Director | 10% Owner | Officer | Other | | | |
| Babu Yarlagadda S 4505 EMPEROR BLVD. SUITE 200 DURHAM, NC 27703 | | | Senior VP - Drug Discover | y | | | |
| Signatures | | | | | | | |
| /s/ Alane P. Barnes, by power of attorney | of | 01/03 |)3/2019 | | | | |
| **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.