Edgar Filing: CHIMERIX INC - Form 4

CHIMERIX Form 4	INC											
May 28, 201	4											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB AF	PROVAL			
	UNITED	Washington, D.C. 20549								3235-0287 January 31,		
Check thi if no long	Ter											
subject to Section 1	6. SIAIEN	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0.5		
Form 4 or Form 5 Filed pursuant to S4			Section 1	ection 16(a) of the Securities Exchange Act of 1934						0.5		
obligation	ns Section 17(•	1935 or Section	1			
may cont <i>See</i> Instru 1(b).	inue.			vestment	•	- ·						
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> Berrey M Michelle			2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX]				0	5. Relationship of Reporting Person(s) to Issuer				
								(Check all applicable)				
(Last) (First) (Middle)			3. Date of	3. Date of Earliest Transaction				(Check an applicable)				
				Month/Day/Year)				Director 10% Owner Officer (give title Other (specify below) below) See Remarks				
			05/27/2014									
	(Street)	(Street)			4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mo			• • •				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
DURHAM,	NC 27713							Person		porting		
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative S	Securi	ties Acqu	iired, Disposed of,	or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8) Code V	4. Securiti on(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	05/27/2014			P	14,065	A	\$ 14.22	83,271	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)

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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. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Berrey M Michelle C/O CHIMERIX, INC. 2505 MERIDIAN PARKWAY, SUITE 340 DURHAM, NC 27713			See Remarks				
Signatures							
/s/ Michael A. Alrutz, Attorney-In-Fact	05/28/201	.4					
**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).

Remarks:

President, Chief Executive Officer & Chief Medical Officer

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.