## Edgar Filing: CHIMERIX INC - Form 4

CHIMERIX I Form 4	INC									
May 14, 2015	5									
FORM	<b></b>							OMB AF	PROVAL	
	UNITED		RITIES A ashington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or Form 5 obligation	er <b>STATEM</b> 5. Filed purs	STATEMENT OF CHANGES IN BENEFICIAL OF SECURITIES Filed pursuant to Section 16(a) of the Securities Excha					e Act of 1934,	Lanuary 31Expires:2005Estimated averageburden hours perresponse0.5		
may conti See Instru 1(b).	nue. Section 17(a	) of the Public 30(h) of the 30(h)	•	•	· ·		1935 or Section 0	n		
(Print or Type R	esponses)									
Ricciardi Lisa S <sub>2</sub>			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
		CHIMERIX INC [CMRX]				(Check all applicable)				
	(First) (M CRIX, INC., 2505 PARKWAY, SU	(Month 05/12/	of Earliest Tı /Day/Year) 2015	ansaction			X Director Officer (give below)		Owner r (specify	
				ndment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DURHAM,	NC 27713						Form filed by M Person	Iore than One Re	porting	
(City)	(State) (	Zip) Ta	ble I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it any (Month/Day/Year	Code ) (Instr. 8)	4. Securitor(A) or Di (Instr. 3, Amount	spose	d 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)		
Common Stock	05/12/2015		Р	1,950	А	\$ 38.54	1,950	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships				
<b>r</b> g	Director	10% Owner	Officer			
Ricciardi Lisa C/O CHIMERIX, INC. 2505 MERIDIAN PARKWAY, SUITE 34 DURHAM, NC 27713	0 X					
Signatures						
/s/ Michael Alrutz **Attorney-In-Fact	05/14/2015					
**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.