FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| mton D C 20E40 | - |
|------------------|----------------|
| gton, D.C. 20549 | OMB APPROVAL |
| | UIVID APPROVAL |
| | |

| OMB Number: | 3235-0287 | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| Estimated average burder | 1 | | | | | |
| hours per response: | 0.5 | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Sherman Michael A. | | | | 2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|--|---|---|---|-----------|---|-----------------------------------|--------|---|-----------------|---|---|-------------------|--|---|--------|--|--|
| Sherman Wichael A. | | | | - 1 | , , | | | | | | | | X Directo | r | | 10% Ov | ner | | |
| (1.10) (1.110) | | | | | | | | | | | | | X Officer below) | (give title | | Other (s below) | pecify | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2019 | | | | | | | | Chief Executive Officer | | | | | | |
| 2505 MERIDIAN PARKWAY, SUITE 100 | | | | | 0.1100/2015 | | | | | | | | | | | | | | |
| (0) | | | | | | | | | | | | | | | | | | | |
| (Street) DURHAM NC 27713 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| (City) | (5 | State) | (Zip) | | | For | | | | | | | | | orm filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transac Date Month/Da | Execution Date | | Date | Transaction Disposed Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 ar | | Benefici Owned I | s ally following | Form: y (D) or | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Reporte Transac (Instr. 3 | ion(s) | | | Instr. 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| | | | | | | | | s, option | | | | | | | | | | | |
| 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/Yea | Code | saction Derivative E | | Expiration Date Se (Month/Day/Year) De | | | 7. Title and Amount Securities Underlyi Derivative Security (Instr. 3 and 4) | | | | es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount of Number of Shares | | (Instr. 4) | | | | | |
| Employee Stock Option (Right to Buy) | \$2.09 | 04/08/2019 | | A | | 1,250,000 | | (1) | 04 | 4/07/2029 | Common Stock | 1,250,0 | \$0.00 | 1,250, | 000 | D | | | |

Explanation of Responses:

1. One-fourth of the shares subject to the stock option vest and become exercisable on the first anniversary of the date of grant, and the remaining shares vest in 36 equal monthly installments thereafter.

Remarks:

/s/ Michael Alrutz, Attorney-in-

fact

** Signature of Reporting Person

Date

04/09/2019

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.