FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number 3235-0287 Estimated average burden 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

1. Name and Address of Reporting Person [*] Daly James M					2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX]									Relationship heck all app X Direct	licable)	g Person(s) to 10% (lssuer Owner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/20/2014									Office below	er (give title /)	Other below	(specify)	
C/O CHIMERIX, INC. 2505 MERIDIAN PARKWAY, SUITE 340					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) DURHA	(Street) DURHAM NC 27713													Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(City) (State) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Trans Date (Month/						Exe if ar	A. Deemed xecution Date, any Month/Day/Year)		Code (Ins	Transaction Dis Code (Instr. and		ecurities Acquired (osed Of (D) (Instr. 3 5)			ties cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amoun	ount (A) or (D)		e Report		(IIISU: 4)	(IIISU: 4)		
	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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		I. Fransact Code (In 3)		on of		6. Date Exercisable a Expiration Date (Month/Day/Year)		le and	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
				c	Code	v	(A)	(D)	Date Exercisable		ration	Title	Amount or Number of Shares	1				
Stock Option (Right to Buy)	\$23.26	06/20/2014			A		9,000		(1)	06/19	9/2024	Common Stock	9,000	\$0	9,000	D		
Stock Option (Right to Buy)	\$23.26	06/20/2014			A		18,000		(2)	06/19	9/2024	Common Stock	18,000	\$0	18,000	D		

Explanation of Responses:

1. The shares subject to the option vest in a series of twelve equal monthly installments from the date of grant such that the option is fully vested on the one-year anniversary of the date of the grant

2. 25% of the shares subject to the option vest on the first anniversary of the grant date and the remaining shares shall vest in a series of 36 equal monthly installments thereafter, such that the option will be fully vested on the fourth anniversary of the date of grant, subject to Mr. Daly's Continuous Service (as defined in the Plan) through each such vesting date, as applicable, and provided that the option will vest in full upon a Change in Control (as defined in the Plan).

> /s/ Michael Alrutz, Attorney-06/23/2014 In-Fact

** Signature of Reporting Person Date

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.