SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

	ddress of Repor	2. Date of Even Requiring State (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX]							
(Last) C/O CHIME 2505 MERII (Street) DURHAM (City)		(Middle) /AY, SUITE 340 27713 (Zip)	08/01/2013			tionship of Reporting Per all applicable) Director Officer (give title below)	son(s) to Issu 10% Own Other (spe below)	er	(Mon 6. Ind	th/Day/Year) dividual or Join cable Line) Form filed b Person	ate of Original Filed t/Group Filing (Check y One Reporting y More than One terson
1. Title of Security (Instr. 4)				2	Beneficially Owned (Instr. 4)		3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
		(6				urities Beneficially options, convertible		s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		d 3. Title and Amount of Secu Underlying Derivative Secu 4)		rity (Instr. Conv or		ersion	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Exercise Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Rodman L. Drake

** Signature of Reporting Person Date

08/02/2013

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 5 (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.