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 [*] Trost Timothy W. | | | 2. Issuer Name and Ticker or Trading Symbol <u>CHIMERIX INC</u> [CMRX] | | tionship of Reporting Person(s) to Issuer all applicable) | | |
|--|---|-------|--|---------|--|--|--|
| (Last) | (Last) (First) (Middle) C/O CHIMERIX, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 07/17/2015 | x | Director Officer (give title below) SVP, CFO & S | 10% Owner Other (specify below) Secretary | |
| 2505 MERIDIAN PARKWAY, SUITE 340 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | vidual or Joint/Group Fil | | |
| (Street) DURHAM | NC | 27713 | _ | X | Form filed by One Re Form filed by More th Person | | |
| (City) | (State) | (Zip) | rivative Securities Acquired. Disposed of, or Bene | Guialla | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|---------------|--------|--|--|---|
| | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | (1150.4) | (Instr. 4) |
| Common Stock | 07/17/2015 | М | | 28,000 | Α | \$2.35 | 37,850(1) | D | |
| Common Stock | 07/17/2015 | S ⁽²⁾ | | 28,000 | D | \$50 | 9,850 | D | |

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) Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$2.35 | 07/17/2015 | | М | | | 28,000 | (3) | 04/06/2021 | Common | 28,000 | \$0.00 | 78,461 | D | |

Explanation of Responses:

1. Includes 678 shares of Common Stock that were acquired by the Reporting Person on March 10, 2015 pursuant to the Issuer's Employee Stock Purchase Plan.

2. The sales reported in the Form 4 were effected pursuant to a Rule 10B5-1 Plan adopted by the reporting person on September 5, 2013.

3. In accordance with its terms, the shares underlying the option are subject to vesting as follows: 1/4th of the shares vest one year after July 26, 2010; the remainder of the shares vest in equal monthly installments thereafter over the next three years.

Remarks:

/s/ Michael Alrutz, Attorney-07/20/2015

Date

in-Fact ** Signature of Reporting Person

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.