FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b)

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

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC CMRX									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Jakeman David</u>					1											Director			10% O	wner	
															X	Officer (give title below)			Other (specify below)		
(Last)	(Fir	St) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/26/2019										Pri	ncipal Acc	ountir	ng Office	r	
C/O CHIMERIX, INC.					103/	03/20/2013											ncipui i icc	0 411411	.6 0111100		
2505 MERIDIAN PARKWAY, SUITE 100																					
2505 WERDHIN THIRKWIT, GOTTE 100					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)												.,.	,		ine)				(
(Street) DURHA	M NO		7710												X	Form	n filed by One	e Repo	rting Pers	on	
DURHA	M NC	۷ 4	27713													Form	n filed by Mor	re than	One Repo	orting	
																Pers				Ŭ	
(City)	(St	ate) (Zip)																		
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed o	f, o	r Ben	efici	ally C	wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and S		5. Amount of Securities Beneficially Owned Following		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D) Price		, li	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 09/26/3					/2019				A	Т	56,000 ⁽¹⁾ A		\$0	.00	76,006			D			
		Та									osed of,				y Ow	ned		,			
			(e.g., pı	ıts, c	alls	, warr	ants,	option	ıs, c	onvertib	le s	securit	ties)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Date,	Code (Inst				6. Date Expirati (Month/	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

1. The shares being reported are being issued pursuant to restricted stock unit awards ("RSUs"), each one of which represents a contingent right to receive one share of the Issuer's common stock. 14,000 shares subject to the RSUs will vest on the two-year anniversary of the date of grant, 14,000 shares subject to the RSUs will vest on the two-year anniversary of the date of grant, 14,000 shares subject to the RSUs will vest on the four-year anniversary of the date of grant, and 14,000 shares subject to the RSUs will vest on the four-year anniversary of the date of grant.

Remarks:

/s/ Michael Alrutz, Attorneyin-Fact

09/30/2019

** 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.