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

| Name and Address of Reporting Person* Nichols Garrett | | | | | CHI | 2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX] | | | | | | | | | all appl | or | | 10% O | wner | |
|--|--|--|---|----------|---|---|---------|-----|---|------------|-------------------|----------------------------|--|---|--|--|--|--|--|--|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014 | | | | | | | | X | below | , | | Other (below) | specify | |
| C/O CHIMERIX, INC. | | | | | | | | | | | | | | Chief Medical Officer | | | | | | |
| 2505 MERIDIAN PARKWAY, SUITE 340 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X | Form | filed by One | Rep | orting Pers | on | |
| DURHA | M NO | C 2 | 27713 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | ative S | Sec | urities | Ac | quired, D | isp | osed o | of, or Be | enefici | ally | Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Transaction Disposi Code (Instr. and 5) | | | rities Acqı ed Of (D) (| 4 Securi Benefi Owned | | ies cially | Fori (D) (Indi | m: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | or Pric | e | Following (In Reported Transaction(s) (Instr. 3 and 4) | | (ins | tr. 4) | (Instr. 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exer Expiration C (Month/Day/ | ate | Amount of | | of s ng | 8. Price of Derivat Securit (Instr. | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owne Form Direct or Ind (I) (In: | Ownership Form: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Exp Dat | piration te | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (Right to Buy) | \$24.74 | 09/02/2014 | | | A | | 90,000 | | (1) | 09/ | 01/2024 | Common Stock | 90,000 |) | \$0 | 90,000 | | D | | |

Explanation of Responses:

1. 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 September 2, 2014; the remainder of the shares vest in equal monthly installments thereafter over the next three years.

/s/ Michael Alrutz, Attorney-In-Fact 09/04/2014

** Signature of Reporting Person Date

directly.

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.