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 [*] MARIO ERNEST | | | | | 2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX] | | | | | | | | Relationship heck all app X Direct | licable) | g Person(s) to 10% (| |
|--|--|--|--|---------------------------------|---|--|---------------------------|---------------------|---|--|---|--|--|---|---|---|
| (Last) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2017 | | | | | | | | Office belov | er (give title /) | Other below | (specify) |
| C/O CHIMERIX, INC. 2505 MERIDIAN PARKWAY, SUITE 100 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (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/ | | | | action Day/Year) | Exe if a | . Deemed ecution Date, any onth/Day/Year) | | Code (Ins | on Di | Securities Acquired sposed Of (D) (Instr. d 5) | | | | ties cially | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | V An | noun | unt (A) or (D) | | Report Transa | | (Instr. 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. Transac Code (II 8) | | | tive ties ed sed | Expiration I | 6. Date Exercisable an 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) | Beneficial | Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ition | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$5.53 | 06/28/2017 | | A | | 21,000 | | (1) | 06/27/2 | 2027 | Common Stock | 21,000 | \$0.00 | 21,000 | D | |
| Stock Option (Right to Buy) | \$5.53 | 06/28/2017 | | A | | 6,341 | | (1) | 06/27/2 | 2027 | Common Stock | 6,341 | \$0.00 | 6,341 | D | |

Explanation of Responses:

1. The shares subject to the option vest in a series of 12 equal monthly installments from the date of grant; provided, however, that the option shall become fully vested on the date that is the earlier of (i) the one-year anniversary of the date of grant and (ii) the date of the Company's 2018 annual stockholder meeting.

Remarks:

| /s/ Michael Alrutz, Attorney- | 06/2 |
|-------------------------------|------|
| in-Fact | 00/2 |

06/29/2017

** 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.