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 [*] NIEDEL JAMES | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>CHIMERIX INC</u> [CMRX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
|--|--|---------|-------|---|-------|--|-----|---|---|--------|--|---|------------------------|---|--------------------------|--|------------|--|---|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2013 | | | | | | | | Λ | | er (give title | - | | (specify |
| C/O CHIMERIX, INC. 2505 MERIDIAN PARKWAY, SUITE 340 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) DURHAM NC 277 | | | | 3 | | | | | | | | | | Х | | i filed by Mo | | - | I |
| (City) | (Sta | ate) (Z | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | ties For cially (D) Ind ing (Ins | | : Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | mount (A) or (D) | | Report Transa | | | |) | (1130.4) |
| Common Stock 10 | | | | 10/23/201 | 3 | | | | S | | 585,602 | D \$15.51 | | (1) | ⁽¹⁾ 2,243,394 | | | | See footnote ⁽²⁾ |
| | 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) | vative Conversion Date Exe rity or Exercise (Month/Day/Year) if a | | | Deemed cution Date, }y nth/Day/Year) | Code | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ation | cisable and Date /Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y [] (4 | I0. Dwnership Form: Direct (D) or Indirect I) (Instr. ₽) | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

1. The Reporting Person sold shares to the underwriters in connection with the sale of Common Stock by the Reporting Person.

2. The securities are held by New Leaf Ventures II, L.P. ("New Leaf"). The Reporting Person is a member of the investment committee of New Leaf Venture Associates II, L.P., which is the General Partner of New Leaf. The Reporting Person may be deemed to beneficially own the securities. The Reporting Person disclaims beneficial ownership over these securities, except to the extent of his pecuniary interest therein.

| /s/ Craig L. Slutzkin, | |
|------------------------|--|
| Attorney-in-Fact | |

** 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.

10/23/2013