## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* <u>Andriole Michael T.</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol CHIMERIX INC [ CMRX ]							5. Re (Che	ck all applica	Reporting Person(s) to Issuer sble) 10% Owner				
(Last) (First) (Middle) 2505 MERIDIAN PARKWAY, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025								Officer (give title below)  PRESIDENT AND CEO					
(Street) DURHAM NC 27713				4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)		Person													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				2. Transaction Date (Month/Day/	Execution Date,		Code (I	Transaction Disposed Of (D) (Instr. 3, 4			5. Amoun Securities Beneficia Owned Fo	Form (D) or		: Direct   I r Indirect   I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount (A) or (D)		Price	Transacti (Instr. 3 a	on(s)			msu. 4)		
Common Stock 01/07/				01/07/20	7/2025		A		150,000 <sup>(1)</sup> A		\$ <mark>0</mark>	619,323(2)			D			
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)	ve Conversion Date Execution Date, Tr or Exercise (Month/Day/Year) if any Co		Code	ransaction Derivative ode (Instr. Securities		re s I (A) sed str.	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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisab		xpiration ate	Title	or Nu	nount ımber Shares		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$3.66	01/07/2025		A		900,000		(3)	0	1/06/2035	Commo	n 90	00,000	\$0	900,00	00	D	

## **Explanation of Responses:**

- 1. The shares being reported are being issued pursuant to restricted unit awards ("RSUs"), each one of which represents a contingent right to receive one share of the Issuer's common stock. 37,500 shares subject to the RSUs will vest on the one-year anniversary of the date of grant, 37,500 shares subject to the RSUs will vest on the second-year anniversary of the date of grant, 37,500 shares subject to the RSUs will vest on the third-year anniversary of the date of grant, and 37,500 shares subject to the RSUs will vest on the fourth-year anniversary of the date of grant.
- 2. Includes 6,870 shares acquired under the Issuer's Employee Stock Purchase Plan on September 10, 2024.
- 3. One-fourth of the shares subject to the stock option vest and become exercisable on the first anniversary of the date of grant, and the remaining shares vest in 36 equal monthly installments thereafter.

/s/ Michael Alrutz, Attorney-in-01/10/2025 Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.