## SEC Form 4

(City)

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

(State)

(Zip)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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#### OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Persor Machado Clarence Patrick (Last) (First) C/O CHIMERIX, INC.			Filed pursuant to Section 16(a) of the Securities Exchange Act of 1	934				
			or Section 30(h) of the Investment Company Act of 1940					
	1 0		2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CHIMERIX INC</u> [ CMRX ]		tionship of Reporting Pe all applicable) Director	erson(s) to Issuer 10% Owner		
C/O CHIMERIX	K, INC.	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/20/2014		Officer (give title below)	Other (specify below)		
2505 MERIDIA	N PARKWA	Y, SUITE 340	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)	Clarence Patrick (First) (Midd ERIX, INC. IDIAN PARKWAY, SUITE 34			X	Form filed by One Re	porting Person		
DURHAM	NC 27				Form filed by More than One Reporting Person			

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)				Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(13), Frank, Fran											-		1		
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. Transa Code ( 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ive ies ed ed nstr.	6. Date Exerc Expiration Da (Month/Day/Y	ate	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) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$23.26	06/20/2014		Α		9,000		(1)	06/19/2024	Common Stock	9,000	\$0	9,000	D	
Stock Option (Right to Buy)	\$23.26	06/20/2014		A		18,000		(2)	06/19/2024	Common Stock	18,000	\$0	18,000	D	

### Explanation of Responses:

1. The shares subject to the option vest in a series of twelve equal monthly installments from the date of grant such that the option is fully vested on the one-year anniversary of the date of the grant.

2. 25% of the shares subject to the option vest on the first anniversary of the grant date and the remaining shares shall vest in a series of 36 equal monthly installments thereafter, such that the option will be fully vested on the fourth anniversary of the date of grant, subject to Mr.Machado's Continuous Service (as defined in the Plan) through each such vesting date, as applicable, and provided that the option will vest in full upon a Change in Control (as defined in the Plan).

# /s/ Michael Alrutz, Attorney-In-06/23/2014

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.