

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

**Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934**

September 26, 2014

Date of Report (Date of earliest event reported)

Chimerix, Inc.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction
of incorporation)

001-35867

(Commission File Number)

33-0903395

(IRS Employer Identification No.)

**2505 Meridian Parkway, Suite 340
Durham, NC**

(Address of principal executive offices)

27713

(Zip Code)

Registrant's telephone number, including area code: (919) 806-1074

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligations of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4© under the Exchange Act (17 CFR 240.13e-4©)

Item 7.01 Regulation FD Disclosure.

On October 11, 2014, Chimerix, Inc. (the “*Company*”) is scheduled to present at ID Week 2014 in Philadelphia, PA, in a presentation titled “Preliminary safety results and antiviral activity from the open-label pilot portion of a Phase 3 study to evaluate Brincidofovir (BCV) for the treatment of adenovirus (ADV) infection”.

An abstract summarizing the Company’s scheduled presentation is attached hereto as Exhibit 99.1 and is incorporated herein by reference.

Forward-Looking Statements

Statements contained in, or incorporated by reference into, this Current Report on Form 8-K regarding matters that are not historical facts are “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. Risks are described more fully in the Company’s filings with the Securities and Exchange Commission, including without limitation the Company’s most recent Quarterly Report on Form 10-Q and other documents subsequently filed with or furnished to the Securities and Exchange Commission. All forward-looking statements contained in this Current Report on Form 8-K speak only as of the date on which they were made. The Company undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

<u>Exhibit No.</u>	<u>Description</u>
99.1	Chimerix, Inc. presentation abstract.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Chimerix, Inc.

Dated: September 26, 2014

By: /s/ Timothy W. Trost
Timothy W. Trost
Senior Vice President, Chief Financial Officer and Corporate
Secretary

INDEX TO EXHIBITS

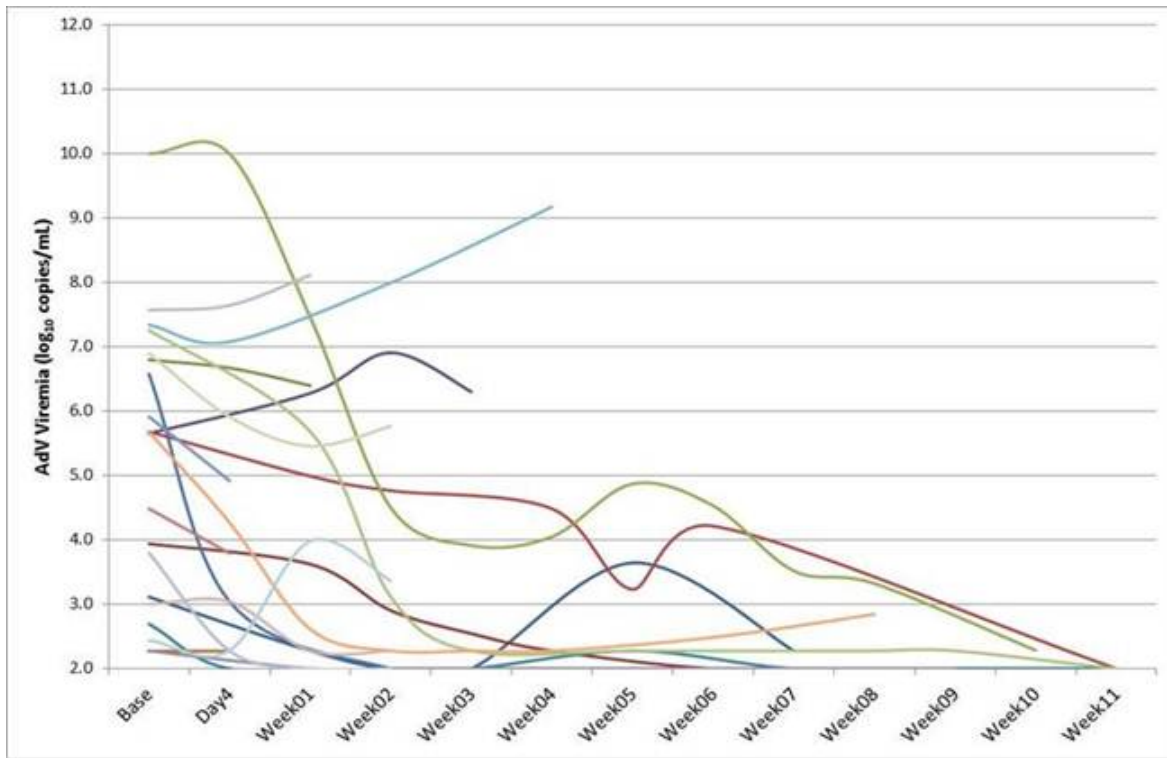
Exhibit No.	Description
99.1	Chimerix, Inc. presentation abstract.

PRELIMINARY SAFETY RESULTS AND ANTIVIRAL ACTIVITY FROM THE OPEN-LABEL PILOT PORTION OF A PHASE 3 STUDY TO EVALUATE BRINCIDOFIVIR (BCV) FOR THE TREATMENT OF ADENOVIRUS (ADV) INFECTION

Session: Oral Abstract Session: Late Breaker Oral Abstracts
Saturday, October 11, 2014: 10:50 AM
Room: The Pennsylvania Convention Center: 105-AB

Background: AdV is a serious, often rapidly fatal infection in the immunocompromised, especially hematopoietic cell transplant (HCT) recipients. There is no approved treatment (tx) for AdV; intravenous cidofovir (CDV) has been reportedly used off-label despite the risk of renal injury. BCV (CMX001), an orally available lipid-conjugate of CDV in Phase 3 development for cytomegalovirus (CMV) prevention in HCT, has demonstrated antiviral activity in Phase 2 in AdV infection. The pilot portion of a Phase 3 study (NCT02087306) was initiated in March 2014; preliminary results for 25 subjects enrolled through 09 July 2014 are described. **Methods:** Adult and pediatric subjects with AdV infection receive open-label BCV 100 mg (adults \geq 50 kg) or 2 mg/kg (\leq 12 y or $<$ 50 kg) twice a week for 12 wks followed by a 24-wk follow-up period. **Results:** Mean (range) age: 9.7 (0-29) y, 68% \leq 12 y; 64% male; 72% White; 80% HCT; median AdV viremia (VL) for 21 subjects at baseline (BL) = 5.6 (range: detected, $<$ 2.3 to $>$ 10.0) \log_{10} c/mL; other double-stranded DNA virus coinfections: 9 BKV viruria, 5 CMV viremia, 2 EBV viremia. Median (range) BCV duration at this reporting is 2 (1-12) wks. Fifteen subjects have $>$ 1 wk of AdV PCR VL data (Figure 1). Of these 15, 3 subjects had AdV VL $<$ 1000 c/mL at BL, with 2 undetectable by Wk 1. Twelve subjects had AdV VL \geq 1000 c/mL at BL, 6 were AdV undetectable during BCV tx: by Wk 2 (n=3), Wk 6 (n=1) and Wk 11 (n=2). One subject's AdV declined from $>$ 10 \log_{10} c/mL to below the limit of quantitation (BLQ, 2.3 \log_{10}) by Wk 10. Two subjects had AdV VL increases on tx. Nine subjects have died, all but one within 4 wks of enrollment, attributed to AdV (5), bacterial sepsis (1), septic shock (1), multiorgan failure/pulmonary hemorrhage (1), or progression of underlying condition (1). One subject had two drug-related serious adverse events (AEs) of diarrhea and nausea. No subjects have discontinued due to BCV-related AEs. **Conclusions:** The majority of evaluable subjects to date had reduction or clearance of AdV viremia during BCV therapy. These preliminary results support the continued development of BCV for AdV infection and will be used to inform the final design of the Phase 3 study. Additional data from recently enrolled subjects will be included in the presentation.

Figure 1: Smooth-line Scatter Plots of AdV Viremia (\log_{10} copies/mL) Over Time



Jo-Anne Young, MD¹, Michael Grimley, MD², David Jacobsohn, MD, ScM³, Gabriela Maron, MD⁴, Greg Chittick⁵, Thomas Brundage, MS⁵, Herve Mommeja-Marin, MD⁵ and Michelle Berrey, MD, MPH⁵, (1)University of Minnesota Medical Center, Minneapolis, MN, (2)Cincinnati Children's Hospital, Cincinnati, OH, (3)George Washington University School of Medicine and Health Sciences, Washington, DC, (4)St. Jude Children's Research Hospital, Memphis, TN, (5)Chimerix, Inc., Durham, NC