FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| П | hours nor 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).

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* Gilliss Catherine | | | | 2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX] | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|--|--|--|--|--|--|---|--------|---|---|---|--|---|--|--|----------------------------|--|--|
| (Last) | (Fi MERIX, IN | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2017 | | | | | | Officer below) | (give title | | Other (s _i below) | pecify | | |
| 2505 MERIDIAN PARKWAY, SUITE 100 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | M N | С | 27713 | | | | | | | | Line | X Form fi | led by More | | rting Person One Report | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| Date | | . Transaction Date Month/Day/Y | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | ed (A) or tr. 3, 4 and | 5. Amour Securitie Beneficia Owned F Reported | s Formula (D) (ollowing (I) (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | tion(s) | | | (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 Dat if any (Month/Day/Ye | Code | | ction of 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) (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) | \$5.53 | 06/28/2017 | | A | | 21,000 | | (1) | 06/27/2027 | Common Stock | 21,000 | \$0.00 | 21,000 | | 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 oneyear anniversary of the date of grant and (ii) the date of the Company's 2018 annual stockholder meeting.

Remarks:

/s/ Michael Alrutz, Attorney-In-

** Signature of Reporting Person

Date

06/29/2017

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.