FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vvasimigtori,	D.C.	20040	

, 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

								,										
1. Name and Address of Reporting Person*  DEMSKI MARTHA J				2. Issuer Name <b>and</b> Ticker or Trading Symbol CHIMERIX INC [ CMRX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
																	· · ·	
(Last) C/O CHI	(Fi	•	(Middle)		3. Date of Earliest Transact 10/01/2015					Month	n/Day/Year)			below)	(give title	below)	(specify )	
2505 ME	RIDIAN P	ARKWAY, SUI	ΓE 340		$\vdash$													
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)													- 1	•	filed by One	e Reporting Per	son	
DURHA	M N	C 	27713		_									Form f Person		e than One Re	oorting	
(City)	(S	tate)	(Zip)															
		Tab	le I - No	on-Deri	vative	Sec	uriti	ies Ac	quired	, Di	sposed o	of, or Be	neficial	ly Owned	lt l			
Da		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefici Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
Common Stock			10/01	/2015				M		2,000	A	\$1.53	3 2,	000	D			
Common Stock 10			10/01	/2015	2015					1,800	D	\$37.61	(2) 2	200	D			
Common	Stock			10/01	/2015				S <sup>(1)</sup>		200	D	\$38.35	38.35 <sup>(3)</sup> 0 D				
Common Stock													14	,788	I	By the Martha J. Demski Trust u/a 10/01/94		
		7	able II								osed of			Owned			· · · · · · · · · · · · · · · · · · ·	
				(e.g., ı	puts,	calls	, wa	rrants	, optio	ns,	converti	ble secu	urities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)		tion of		6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.53	10/01/2015			M			2,000	(4)		06/25/2018	Common Stock	2,000	\$0.00	1,126	D		

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule10b5-1 trading plan adopted by the reporting person on September 15, 2014.
- 2. The range of sale prices received is \$37.10 to \$38.09. Upon request be the SEC staff, the Issuer, or any security holder of the Issuer, full information will be provided regarding the number of shares purchased or sold at each separate price.
- 3. The range of sale prices received is \$38.10 to \$38.60. Upon request be the SEC staff, the Issuer, or any security holder of the Issuer, full information will be provided regarding the number of shares purchased or sold at each separate price.
- 4. Immediately exercisable.

## Remarks:

/s/ Michael Alrutz, Attorney-In-Fact

10/02/2015

\*\* 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.