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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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

Name and Address of Reporting Person* Trost Timothy W.						Issuer Name and Ticker or Trading Symbol CHIMERIX INC [CMRX] Date of Earliest Transaction (Month/Day/Year) 11/25/2013									tionship of Reporting all applicable) Director Officer (give title		g Person(s) to Issue 10% Own Other (spe		wner
(Last) (First) (Middle) C/O CHIMERIX, INC.					below) below) SVP, CFO & Secretary														
2505 ME	ERIDIAN P	ARKWAY, SUIT	ΓE 340)	_ 4.1	If Amen	ndmer	nt, Date	of Origi	inal Fi	iled (Month/D	ay/Year)			idual or	Joint/Group	Filin	g (Check A	pplicable
(Street) DURHA	M N	C :	27713		_									Line) X		iled by One iled by Mor	•	Ü	
(City)	(S	tate)	(Zip)													-			
		Tab	le I - I	Non-Deri	vative	e Sec	uriti	ies A	cquire	d, D	isposed (of, or E	enefic	ially	Owned	t			
Date			2. Transact Date (Month/Day		Execu	A. Deemed kecution Date, any lonth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Securi Benefi 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	ction(s)			(Instr. 4)
Common	Stock			11/25/2	013				М		5,000	A	\$2.	35	5,	,000		D	
2505 MERIDIAN PARKWAY, SUITE 340 (Street) DURHAM NC 27713 (City) (State) (Zip) Table I - Non-Der 1. Title of Security (Instr. 3) Common Stock 11/25/				013)13			S ⁽¹⁾		5,000	D	\$14.9	367 ⁽²⁾	0			D		
		Т	able						•	•	sposed of , converti	•		-	wned				
Derivative Conversion Security or Exercise (Instr. 3) Price of Derivative Open Security Open Securit		Execu if any	cution Date, T		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exer tion D n/Day/		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	ber					
Option	\$2.35	11/25/2013			M			5,000	(3))	04/06/2021	Commo	n 5,00	00	\$0.00	159,01	4	D	

Explanation of Responses:

- 1. The sales reported in the Form 4 were effected pursuant to a Rule 10B5-1 Plan adopted by the reporting person on September 5, 2013.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$14.76 to \$15.31, inclusive. The reporting person undertakes to provide to CMRX, any security holder of CMRX, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this Form 4.
- 3. In accordance with its terms, the shares underlying the option are subject to vesting as follows: 1/4th of the shares vest one year after July 26, 2010; the remainder of the shares vest in equal monthly installments thereafter over the next three years.

Remarks:

Buy)

/s/ Michael Alrutz, Attorney-

11/26/2013

in-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.