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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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| | ss of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol CHIMERIX INC CMRX | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|----------------------------------|-----------------------|----------|--|--|--|-----------------------|--|--|--|
| Gilliss Cathe | lille | | | X | Director | 10% Owner | | | |
| C/O CHIMERIX, INC. | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 06/24/2016 | | Officer (give title below) | Other (specify below) | | | |
| 2505 MERIDIAN PARKWAY, SUITE 100 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| | | | 4. If Amendment, Date of Original Flied (Month/Day/Tear) | Line) | India of Sontroloup Fining (Check Applicable | | | | |
| (Street) | | | | X | X Form filed by One Reporting Pers | | | | |
| DURHAM NC 27713 | | | | | Form filed by More tha Person | n One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

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) | 3. Transa Code (8) | | 4. Securities / Disposed Of (5) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--|---------------|-------|------------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | (1130. 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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and 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) | \$3.73 | 06/24/2016 | | A | | 9,000 | | (1) | 06/23/2026 | Common Stock | 9,000 | \$0.00 | 9,000 | 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 one-year anniversary of the date of grant and (ii) the date of the Company's 2017 annual stockholder meeting.

Remarks:

/s/ Timothy W. Trost, C.P.A.,

Attorney-In-Fact

06/28/2016

** 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.