

CHIMERIX INC  
Form 3  
April 10, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
A.M. Pappas Life Science Ventures IV LP			(Month/Day/Year)	CHIMERIX INC [CMRX]	
(Last)	(First)	(Middle)		4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
P.O. BOX 110287, A				(Check all applicable)	
(Street)				<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
RESEARCH TRIANGLE PARK, A NC A 27709				<input type="checkbox"/> Officer	<input type="checkbox"/> Other
(City)	(State)	(Zip)		(give title below)	(specify below)
					6. Individual or Joint/Group Filing(Check Applicable Line)
					<input type="checkbox"/> Form filed by One Reporting Person
					<input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of Shares			

(Instr. 5)

Series F Preferred Stock	Â (1)	Â (1)	Common Stock	892,591	\$ (1)	I	See Footnote (2)
Warrants	Â (3)	02/07/2018	Common Stock	223,146	\$ 7.26	I	See Footnote (2)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
A.M. Pappas Life Science Ventures IV LP P.O. BOX 110287 RESEARCH TRIANGLE PARK,Â NCÂ 27709	Â	Â X	Â	Â
PV IV CEO Fund, L.P. C/O PAPPAS VENTURES PO BOX 110287 RESEARCH TRIANGLE PARK,Â NCÂ 277709	Â	Â X	Â	Â
A.M. Pappas Life Science Ventures III, L.P. C/O PAPPAS VENTURES PO BOX 110287 RESEARCH TRIANGLE PARK,Â NCÂ 277709	Â	Â X	Â	Â
PV III CEO Fund, L.P. C/O PAPPAS VENTURES PO BOX 110287 RESEARCH TRIANGLE PARK,Â NCÂ 277709	Â	Â X	Â	Â

## Signatures

See Signatures Included in Exhibit 99.2 04/10/2013

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

The Series F Preferred Stock has no expiration date and is convertible at any time at the option of the holder and will automatically

(1) convert upon the closing of the Issuer's initial public offering, at a conversion ratio of 1 share of Common Stock for every 3.55 shares of Series F Preferred Stock, for no additional consideration.

(2) See attached Exhibit 99.1

(3) The warrants are immediately exercisable.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.