FURIEX PHARMACEUTICALS, INC.

Reported by

WOODWORTH MARSHALL H

FORM 3

(Initial Statement of Beneficial Ownership)

Filed 05/27/10 for the Period Ending 05/27/10

Address	3900 PARAMOUNT PARKWAY SUITE 150 MORRISVILLE, NC 27560
Telephone	919-380-2000
CIK	0001484478
SIC Code	2834 - Pharmaceutical Preparations
Fiscal Year	12/31

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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

1. Name and Address of Reporting Person *	2. Date of Event Requiring Statement (MM/DD/YYYY)	3. Issuer Name **and** Ticker or Trading Symbol
Woodworth Marshall H	**5/27/2010**	**Furiex Pharmaceuticals, Inc. [FURX]**
(Last) (First) (Middle) **C/O FURIEX PHARMACEUTICALS, INC., 3900 PARAMOUNT PARKWAY, SUITE 150**	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director ____ 10% Owner __ **X** __ Officer (give title below) ____ Other (specify below) **Vice President??Finance /**	
(Street) **MORRISVILLE, NC 27560** (City) (State) (Zip)	5. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) _ **X** _ Form filed by One Reporting Person ___ 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)
No securities beneficially owned	**0**	**D**	

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

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		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) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

Remarks:
FURX was formerly known as PPD Therapeutics, Inc.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Woodworth Marshall H **C/O FURIEX PHARMACEUTICALS, INC.** **3900 PARAMOUNT PARKWAY, SUITE 150** **MORRISVILLE, NC 27560**			**Vice President??Finance**	

Signatures

/s/ Donald R. Reynolds, Attorney-in-Fact — **5/27/2010**

** 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 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).

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 control number.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of Nadine Chien, Alexander M. Donaldson and Donald R. Reynolds, an

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite,

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms Id, 3, 4 and 5 and Update Passphr

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 4th day of February 2010.

/s/ Marshall H. Woodworth

Printed Name: Marshall H. Woodworth

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