FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-028								
1	1									

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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									
hours per response:	0.5								

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GORMAN KEVIN CHARLES						NBIX]									X	Direc	ctor 10% (wner		
(Last)	(Fi		INDIX 1									X	Office	er (give title v)		Other (specify below)					
NEUROCRINE BIOSCIENCES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/16/2015									President and CEO						
12780 EL CAMINO REAL																					
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SAN DIEGO CA 92130														X	X Form filed by One Reporting Person						
																Form filed by More than One Reporting Person					
(City)	(SI	tate) (Zip)																		
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	d, Dis	sposed o	f, or	Ber	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,					es Acquired (A) o Of (D) (Instr. 3, 4 a			and 5) Sec Bei Ow		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount (A) o		or	Price			action(s) 3 and 4)			(11150.4)				
Common Stock 01/16/2						2015			S ⁽¹⁾		3,750	D \$30.		\$30.7	^{'9(2)} 188,452		D				
	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. Dee Execution if any (Month/I			ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da //Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		J	Deri Secu	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	or		ımber	1						

Explanation of Responses:

- 1. Sale of 3,750 shares of common stock issued upon vesting of 7,500 restricted stock units on January 16, 2015 to cover payroll and withholding taxes, with the balance of the shares (3,750) maintained by the Reporting Person; the sale was affected by a broker pursuant to instructions set forth in a Rule 10b5-1 plan adopted by the Reporting Person and delivered to the broker on May 5, 2014.
- 2. Represents a weighted average sales price per share. The prices actually received ranged from \$30.06 to \$31.50. The Reporting Person has provided to the issuer, and will provide to any security holder of the issuer or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.

Remarks:

Timothy P. Coughlin, By Power of Attorney

01/20/2015

** Signature of Reporting Person

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.