Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF	CHANGES	IN BEN	EFICIAL	OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  ROBERTS EIRY					2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX											all app Direct	er (give title	ng Pei	10% Ov Other (s	ner
(Last) 12780 EI	ast) (First) (Middle) 2780 EL CAMINO REAL				3. Date of Earliest Transaction (Month/Day/Year) 04/24/2023									Chief Medical Officer						
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Appli Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person											on						
						Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	1 - 1	Non-Deriva	tive	Secui	rities	Acc	quir	red, Di	sposed	of,	or l	Benefici	ally	Own	ed			
Date			2. Transaction Date (Month/Day/Yea	Execution		n Date, Tra		ransaction I ode (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				od 5) Secu Bend Own Folio		urities F eficially (I ned In owing (I		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Co		ode	V	mount	(A) (D)	or	Price		Reported Transaction(s) (Instr. 3 and 4)					
Common Stock			04/24/2023	13		S		(1)		14,400 D		)	\$103.476	.4763(2)		26,644		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)			Exe if ar			action (Instr.			Ex	Date Exe piration onth/Day		7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4)		unt of irities erlying vative irity (Instr.	Deri	rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code V		v	(A)	(D)	Dat Exc	ite ercisable	Expirati Date	on	Title	Amount or Number of Shares								

## **Explanation of Responses:**

- 1. The disposition reported in this Form 4 was effected by a broker pursuant to instructions set forth in a Rule 10b5-1 trading plan adopted on February 23, 2023. Additionally, Issuer policy restricts the Reporting Person from amending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- 2. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$102.84 to \$104.15. 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:

/s/ Darin Lippoldt, Attorney-

04/26/2023

in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.