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

| Washington, | D.C. | 20549 |
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| | obligations may continue. See Instruction 1(b). | | | | | | ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | hours | per resp | oonse: | 0.5 |
|---|--|-----|----------------|--------------------------------------|--------|---|--|---|--------|--|----------|---|--|--------------------------|--|--|-----------|-----|
| 1. Name and Address of Reporting Person* ABERNETHY MATT | | | | | | 2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX | | | | | | | 5. Relationship of Reportin (Check all applicable) Director X Officer (give title | | | 10% Owner Other (specify | | ner |
| (Last) (First) (Middle) 12780 EL CAMINO REAL | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2020 | | | | | | A below) below) Chief Financial Officer | | | | | | |
| (Street) SAN DIE | | | 92130 (Zip) | | - 4. I | | | | | | | | 6. Indiv Line) X | Form fi | I or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| | | Tab | le I - | Non-Deri | vative | e Sec | urities A | cquir | ed, I | Disposed o | of, or E | 3enefic | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | Execution | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5) | Securiti Benefic Owned | 5. Amount of Securities Beneficially Owned Following | | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | |
| Common | Stock | | | 05/07/2 | 020 | | | M | | 15,000 | A | \$73 | 3.6 | 20,953 D | | | | |
| Common | Stock | | | 05/07/2 | 020 | | | S ⁽¹⁾ | | 15,000 | D | \$110.2 | 089(2) | 9 ⁽²⁾ 5,953 D | | | | |
| | | - | Table | | | | | | | sposed of s, converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | Expii (Mon | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | and Amo urities lying tive Secu 3 and 4) | D | Price of derivative scurity securities securities Beneficial Owned Following Reported Transactic (Instr. 4) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

\$73.6

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 by the Reporting Person at least 60 days prior to the transaction date in Box 3 above. Additionally, Issuer policy restricts the Reporting Person from amending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.

(3)

- 2. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$110.00 to \$110.95. 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.
- 3. Option granted December 1, 2017 and vested at 25% upon first anniversary (December 1, 2018) and remaining 75% vesting in 36 equal monthly installments beginning November 1, 2018.

15,000

(A) (D)

Remarks:

Non-Qualified

Stock Option

/s/ Darin Lippoldt, Attorney-in-

Amount or Number

15,000

\$73.6

05/11/2020

45,000

D

Fact

Expiration Date

12/01/2027

Commor

** 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).

05/07/2020

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

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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.