SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Addre	ess of Reporting Po	erson*	2. Issuer Name and Ticker or Trading Symbol <u>NEUROCRINE BIOSCIENCES INC</u> [NBIX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify								
(Last) 12780 EL CAN	(First) IINO REAL	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/16/2024	Chief Human Resources Officer								
(Street) SAN DIEGO	СА	92130	4. If Amendment, Date of Original Filed (Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) ✓ Form filed by One Reporting Person Form filed by More than One Reporting Person 								
(City)	(State)	(Zip)	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 Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended Check t									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr.			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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	07/16/2024		М		900	A	\$61.82	19,102	D		
Common Stock	07/16/2024		S ⁽¹⁾		900	D	\$150.04(2)	18,202(3)	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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exerc Expiration Da (Month/Day/Y	ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option	\$61.82	07/16/2024		М			900	(4)	10/02/2027	Common Stock	900	\$0	12,632	D	

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 by the Reporting Person on March 14, 2024.

2. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$150.00 to \$150.18. 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. 16,538 of the reported shares are held by the Cooke Family Trust of 2004 U/A 12/28/2004, of which the Reporting Person has voting and investment power

4. Represents option of which 1/4th of the shares underlying the option becomes vested and exercisable on October 2, 2018 and an additional 1/48th of the shares underlying the option becomes vested and exercisable each month thereafter.

Remarks:

/s/ Darin Lippoldt, Attorney-in-07/18/2024

Fact

** 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 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.