| SEC | Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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 OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

| - | | | or Section 30(n) of the investment Company Act of 1940 | | | | | | |
|--|-----------|-------|--|-----------------------------|---|------------------|--|--|--|
| 1. Name and Address of Reporting Person* Grigoriadis Dimitri E. (Last) (First) (Middle) NEUROCRINE BIOSCIENCES, INC. | | | 2. Issuer Name and Ticker or Trading Symbol <u>NEUROCRINE BIOSCIENCES INC</u> [NBIX] | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2010 | | Vice President, | Research | | | |
| 12780 EL CAM | IINO REAL | | | | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | vidual or Joint/Group Filir | ng (Check Applicable | | | | |
| (Street) SAN DIEGO | СА | 92130 | | X | Form filed by One Re | porting Person | | | |
| | | | | | Form filed by More the Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 4 | () () | | | | | | | | |

| L. Title of Security (Instr. 3) | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities A Disposed Of (I | | | Securities Beneficially Owned Following | (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--------------------------|---|-----------------------------|---|-----------------------------------|---------------|-------|--|-----------------------------------|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (1130.4) | |

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) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | 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 | | Transaction(s) (Instr. 4) | | |
| Common Stock ⁽¹⁾ | \$2.59 | 05/11/2010 | | A | | 150,000 | | 06/11/2010 | 05/11/2017 | Common Stock | 150,000 | \$0 | 150,000 | D | |

Explanation of Responses:

1. Represents option of which 1/36th of the shares underlying the option becomes vested and exercisable on June 11, 2010, an additional 1/36th of the shares underlying the option becomes vested and exercisable each month thereafter.

Remarks:

Margaret E. Valeur- Jensen, By Power of Attorney

<u>05/12/2010</u>

** 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.