SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 Estimated average burden obligations may continue. See hours per response 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10 5. Relationship of Reporting Person(s) to Issuer 2. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person (Check all applicable) NEUROCRINE BIOSCIENCES INC | NBIX **ROBERTS EIRY** Director 10% Owner 1 Officer (give title Other (specify 1 below) below) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Chief Medical Officer 12/17/2024 12780 EL CAMINO REAL 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable (Street) Line) SAN DIEGO CA 92130 1 Form filed by One Reporting Person Form filed by More than One Reporting Person (Citv) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction 2A. Deemed 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5. Amount of 6. Ownership 7. Nature 1. Title of Security (Instr. 3) Date Execution Date Transaction Securities Form: Direct of Indirect (Month/Day/Year) if any Code (Instr. 5) Beneficially (D) or Indirect Reneficial 8) (Month/Day/Year) Owned Follo Ownership (I) (Instr. 4) ing Reported (Instr. 4) (A) or (D) Transaction(s) Code ٧ Amount Price (Instr. 3 and 4) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed Execution Date, 6. Date Exercisable and 7. Title and Amount 8. Price of Derivative 9. Number of 11. Nature 5. Number 10. Derivative Conversion Date Transaction of Expiration Date of Securities derivative Ownership of Indirect Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Code (Instr. 8) Underlying Derivative Security Security (Instr. 5) Securities Beneficially Form: Direct (D) (Month/Day/Year Derivative (Month/Day/Year) Beneficial Securities Ownership Derivative Acauired (Instr. 3 and 4) Owned or Indirect (Instr. 4) Following Security (A) or Disposed (I) (Instr. 4) Reported of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount Number Date Expiration (D) ν Title Shares Code (A) Exercisable Date Restricted Commo 12/17/2024 (1) 5,487 (2) (2) 5.487 \$<mark>0</mark> 5.487 D Α Stock Unit Stock Stock Commo 12/17/2024 (3) D \$136.69 A 27,770 12/17/2034 27,770 \$<mark>0</mark> 27,770 Option Stock

Explanation of Responses:

1. Each Restricted Stock Unit represents a contingent right to receive one share of the Issuer Common Stock.

2. The Restricted Stock Units will vest 1/4 of the units on February 13, 2025, and then annually 1/4 of the shares will vest on February 13, 2026, February 13, 2027, and February 13, 2028

3. Represents an option of which 1/4 of the shares underlying the option becomes vested and exercisable on February 13, 2025 and an additional 1/48th of the shares underlying the option becomes vested and exercisable each month thereafter beginning on March 13, 2025, such that the option shall fully vest on February 13, 2028

Remarks:

/s/ Darin Lippoldt, Attorney-in-12/19/2024

** Signature of Reporting Person Date

Fact

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.