FORM 4

## 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											
l	hours per response:	0.5										

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

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* <u>Grigoriadis Dimitri E.</u>						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX								neck all appli Direct	cable)	r		ner pecify
(Last) (First) (Middle) 12780 EL CAMINO REAL						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2016								below		arch	below)	peony
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable .ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	le I - Non	-Deriva	tive S	Sec	curities	s Ac	quired, D	ispose	ed o	f, or Bei	neficia	lly Owned	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			, Transaction Disposed Code (Instr. 5)			ties Acquire I Of (D) (Ins		Benefic Owned	es ially Following	Form (D) or	: Direct r Indirect   I str. 4)   (	7. Nature of Indirect Beneficial Ownership	
									Code V	Amo	ount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
		-	Table II - C						uired, Dis , options,					/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	ate, Tra	ansactio		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/	ate	e of Se ar) Unde Deri		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode V		(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amount or Number of Shares					
Restricted Stock Unit	(1)	02/05/2016		1	Α,	V	7,700		(2)	(2)		Common Stock	7,700	\$0.00	7,700		D	
Stock Options	\$35.99	02/05/2016		1	Α,	V	36,400		(3)	02/05/2	2026	Common Stock	36,400	\$0.00	36,400	0	D	
Restricted Stock Unit	(1)	02/05/2016		1	Α ,	V	20,500		(4)	02/05/2	2020	Common Stock	20,500	\$0.00	20,500	0	D	

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit represents a contingent right to receive one share of the Neurocrine Common Stock.
- 2. The Restricted Stock Units will vest annually at 1/4 of the units vesting on each of February 5, 2017, February 5, 2018, February 5, 2019, and February 5, 2020.
- 3. Represents option of which 1/48th of the shares underlying the option becomes vested and exercisable on March 5, 2016 and an additional 1/48th of the shares underlying the option becomes vested and excercisable each month thereafter.
- 4. Performance Restricted Stock Units ("PRSU") will vest upon the date the Company has achieved both (1) obtaining positive pivotal clinical trial data for the treatment of Tourette syndrome with valbenazine and (2) FDA acceptance of a New Drug Application for the treatment of Tourette syndrome with valbenazine.

## Remarks:

/s/ Darin Lippoldt, Attorney-In-

02/09/2016

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.