## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL								
- 1									
	OMB Number:	3235-0287							
	Estimated average burden								
	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 *  ROBERTS EIRY  (Last) (First) (Middle)			Issuer Name and Ticker or Trading Symbol     NEUROCRINE BIOSCIENCES INC [     NBIX ]      Jate of Earliest Transaction (Month/Day/Year)						5. Relationship of Reporti (Check all applicable)  Director  X Officer (give title below)				10% O Other ( below)	wner			
12780 EL CAMINO REAL				04/24/2020							Chief Medical Officer						
(Street) SAN DIEGO CA 9	2130		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indi Line) X	,							
(City) (State) (S	Zip)												1 0130	,,,,			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution Date,				s Acquired (A) o of (D) (Instr. 3, 4 a		and Securit		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) oi (D)	Pric	e		ction(s) 3 and 4)			· ,
Common Stock 04/24/2			020		S <sup>(1)</sup>		1,934	D	99	\$ .4707	707 9,416 <sup>(3)</sup>			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
rivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		ative rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Numb of Share	er					

## Explanation of Responses:

- 1. Sale of 1,934 shares of common stock issued upon vesting of 3,675 performance restricted stock units on April 24, 2020 to cover withholding taxes, with the balance of the shares (1,741) maintained by the Reporting Person; 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.
- 2. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$97.63 to \$101.13. 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. Includes 223 shares acquired under the Neurocrine Biosciences 2018 Employee Stock Purchase Plan on February 28, 2020.

## Remarks:

/s/ Darin Lippoldt, Attorney-

04/28/2020

in-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.