FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor resnance:	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

1. Name and Address of Reporting Person* Gano Kyle (Last) (First) (Middle) NEUROCRINE BIOSCIENCES, INC. 12780 EL CAMINO REAL																	tionship of Reporting F all applicable) Director Officer (give title below)			10% Ow Other (s below)	ner	
						Date (iest Tran	sacti	ion (Mor	nth/D	ay/Year)			Chief Business Dev Officer							
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)											ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	n-Deriv	vativ	e Se	curit	ties Ac	qui	ired, C	Disp	osed o	f, or	Ben	eficia	lly (Owned					
Date				saction /Day/Ye	_	2A. Deemed Execution Date, if any (Month/Day/Year)		∍,	3. Transaction Code (Instr.						d	5. Amour Securitie Beneficia Owned F	s ally following	6. Owner Form: Di (D) or Inc (I) (Instr.	n: Direct or Indirect E Istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									ľ	Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)					
Common	Stock			01/1	3/201	.5				M		15,00	0	A	\$2.5	9	39,	,988		D		
Common Stock 01/1				01/1	3/201	/2015			T	M		10,00	0	A	\$5.7	7 6	49,988		D			
Common Stock 01/13				3/201	/2015				S ⁽¹⁾		25,000 D		D	\$30)	24,988			D			
		-	Гable II -									sed of, onvertil				/ O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		of Deri Sec Acq (A) o Disp of (I	umber vative urities uired or oosed O) (Instr. and 5)	Exp	Date Exe piration I onth/Day	Date		7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		s Security	De Se	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable		opiration ate	Title		Amount or Number of Shares	r						
Incentive Stock Option	\$2.59	01/13/2015			M			15,000		(2)	0	5/11/2017	Comr		15,000		\$2.59	30,000		D		
Incentive Stock	\$5.76	01/13/2015			M			10,000		(3)	0	3/25/2021	Comr		10,000		\$5.76	65,000)	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 at least 90 days prior to the transaction date in Box 3 above. Additionally, Issuer policy restricts the Reporting Person from amending, canceling, suspending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- 2. The option was granted May 11, 2010 and vested in 36 equal monthly installments beginning June 11, 2010.
- 3. The option was granted August 25, 2011 and vested in 36 equal monthly installments beginning September 25, 2011.

Remarks:

Timothy P. Coughlin, By Power 01/15/2015 of Attorney

** 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.