FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-0287								
l	Estimated average burden								
1	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* LYONS GARY A (Last) (First) (Middle) 12780 EL CAMINO REAL (Street) SAN DIEGO CA 92130							Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title below) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)			Person														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			e, T	3. Transact Code (Ins 8)							Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	′	Amount	(A) or (D)	Price	Trans	Transaction(s) (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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		of I		Expi	ate Exerc iration Da nth/Day/Y	ate	Amount of		f g Security	8. Price Derivativ Security (Instr. 5)		ive ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title	Amount or Number of Shares						
Non- Qualified Stock Option	\$92.35	05/19/2021			A		8,833		06/19	9/2021 ⁽¹⁾	0	5/19/2031	Common Stock	8,833	\$0.00	8,8	33	D		

Explanation of Responses:

1. Option vests in 12 equal monthly installments beginning June 19, 2021.

Remarks:

/s/ Darin Lippoldt, Attorney-in-05/20/2021

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.