FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burd	en					
ı	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

				· · · · · · · · · · · · · · · · · · ·											-						
Name and Address of Reporting Person* Coughlin Timothy P							2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
							$_{\parallel}1$									Officer	(give title		Other (s	·	
(Last) (First) (Middle) 12780 EL CAMINO REAL							3. Date of Earliest Transaction (Month/Day/Year) 07/13/2015										below) below) Chief Financial Officer				
,			. 4 1	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
(Street)						4. II Amendment, Date of Original Filed (Month/Day/Year)										ne)					
SAN DIEGO CA 92130																, , ,					
(City) (State) (Zip)																Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		, ,	Transaction Dispose Code (Instr. 5)		Disposed	Securities Acquired (A) sposed Of (D) (Instr. 3,				es ally Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									·	Code	v	Amount		A) or D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 07/13/							/2015			M	V	20,00	0	Α	\$5.76	121	1,374		D		
Common	ommon Stock 07/13/2					/2015				S ⁽¹⁾	V	20,00	0	D	\$50	101	1,374		D		
	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. Deemed Execution E if any (Month/Day	Date, T		ransaction code (Instr.				Date Exe piration pnth/Day	Date	of Securities		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exe	te ercisable		xpiration ate	Title	O N O	lumber						
Non- Qualified Stock	\$5.76	07/13/2015			М	V		20,000		(2)	0	8/25/2021	Comn		0,000	\$5.76	105,000	0	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 August 25, 2011 and vested in 36 equal monthly installments beginning September 25, 2011.

Remarks:

/s/ Darin Lippoldt, Attorney-In-Fact 07/14/2015

** 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.