## SEC Form 4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

												-							
1. Name and Address of Reporting Person* LYONS GARY A						2. Issuer Name <b>and</b> Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [ NBIX									onship of Reporting Person(s) to Issuer all applicable)			uer	
	<u>5 GARI</u>	A			1							-	X	Directo	r		10% O	vner	
-					1										(give title		Other (	specify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)									below)			below)		
12780 EL CAMINO REAL						05/22/2019													
					4 If Ame	endment, Date	of Orio	ninal E	ilod	(Month/Day	v/Voar	-)	6 In(	dividual or J	oint/Group	Filing	(Check An	olicable	
(Street)					4. 11 7.116	enument, Date		jina i	lieu	(INIOTICI7Day	y/ ieai	)	Line)		SinteGroup	i iiriy	(Check Ap	Jiicable	
SAN DIEGO CA 92130													X	Form fi	Form filed by One Reporting Person				
					1										led by Mor	e than	One Repo	rting	
(City)	(5	State)	(Zip)											Person					
		Tal	ole I - Nor	n-Deriv	ative Se	ecurities Ac	cquir	ed, C	Disp	osed o	f, or	Bene	ficially	/ Owned					
1. Title of	Security (Ins	tr. 3)		2. Transa Date		2A. Deemed Execution Date	3. 9. Tr	ansac	tion	4. Securiti Disposed				5. Amour			nership Direct	7. Nature of Indirect	
(Month/D						if any (Month/Day/Yea		r) 8)		5)				Owned F	Owned Following		Indirect str. 4)	Beneficial Ownership	
								Code V		Amount (A) or		Price	Reported Transaction(s)				(Instr. 4)		
								oue	<u> </u>		(	(D)	11100	(Instr. 3 a	und 4)				
			Table II -	Derivat	tive Sec	urities Acq	uire	d, Di	spo	osed of,	or B	Benefi	cially	Owned					
				(e.g., p	uts, cal	ls, warrants	s, op	tions	s, c	onvertik	ole s	ecuri	ties)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	ate, Tr	ansaction ode (Instr.	5. Number of Derivative Securities Acquired	Expir	te Exer ation E th/Day	Date	ble and ')	of Se Unde Deriv	tle and a ecurities erlying vative S r. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned	e s Illy	10. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8) Code (Instr. 4) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ed ed nstr.	6. Date Exerci Expiration Dat (Month/Day/Ye	e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option	\$79.79	05/22/2019		A		10,000		06/22/2019 <sup>(1)</sup>	05/22/2029	Common Stock	10,000	\$0.00	10,000	D	

Explanation of Responses:

1. Option vests in 12 equal monthly installments beginning June 22, 2019.

**Remarks:** 

## /s/ Darin Lippoldt, Attorney-in-05/23/2019 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.