FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden

0.5

hours per response:

Check this box if no lo	nger subject to
Section 16. Form 4 or	Form 5
obligations may contin	iue. See
Instruction 1(h)	

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

						Jeono	00() 0	/ 1110 11	ivestilien	. 0011	inpurity 7 tot t	01 1040								
1. Name and Address of Reporting Person*  OBrien Christopher Flint					2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC   NBIX										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
OBrien (	<u>Christoph</u>	<u>er Flint</u>			1	UIC	OCITI	IVL I	<u> </u>	1111	ICLU II	<u>10</u> [ 1	אוםו	1	Directo	r		10% Ow	vner	
(Lact)	Loct) (Eigt) (Middle)															(give title	Other (sp below)		pecify	
` '	(Last) (First) (Middle) NEUROCRINE BIOSCIENCES, INC.							Transa	action (Mo	nth/C	Day/Year)		<b>Chief Medical Officer</b>							
			•		08/0	)5/20	)13													
12780 EL	CAMINO 1	REAL			4. If /	Amen	ndment. D	Date of	Original F	-iled	(Month/Da	v/Year)		6. In	dividual or J	oint/Group	Filina	(Check App		
(Street)									9		(	,, ,		Line	)	·	Ü			
SAN DIE	GO CA	. 9:	2130											2		•		orting Person		
															Form fi Person		e than	One Report	ting	
(City)	(Sta	te) (Z	Zip)																	
		Table	e I - Non	-Deriva	ative	Sec	urities	Acq	uired,	—— Disı	posed o	f, or B	enet	ficiall	y Owned					
Date			2. Transa Date (Month/D		ur) E	2A. Deemed Execution Date, if any		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and Securities Beneficially		Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial				
						(1	(Month/Day/Yea		8)	8)		<del>                                     </del>			Reported	Owned Following Reported			Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Transacti (Instr. 3 a					
Common Stock 08/05					5/2013		<b>S</b> <sup>(2)</sup>		5,000	000 D		\$15	94,794			D				
		Tá	able II - D	Derivat	ive S	ecu	rities A	Acqu	ired, D	=== ispo	sed of,	or Be	nefic	cially	Owned					
											onvertik									
Security or Exercis (Instr. 3) Price of	Conversion or Exercise Price of Derivative		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Instr 8)		on of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title Amoun Securit Underly Derivat (Instr. 3	of es ing ve Se		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	OI Ni Of	umber						
Nonstatutory				$\overline{}$				$\Box$		$\top$		Commo	<del>                                     </del>				$\neg$			
Stock	\$2.59	08/05/2013	1		$X^{(1)}$		5,000	1	06/11/201	.0 (	05/11/2017	Ctools	"   5	5,000	\$2.59	155,00	00	D	1	

## **Explanation of Responses:**

- 1. Exercise of in-the-money or at-the-money derivative security
- 2. 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.

## Remarks:

<u>Margaret E. Valeur-Jensen, By</u> <u>Power of Attorney</u> <u>08/07/2013</u>

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.