FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPR	OVAL
	OMB Number:	3235-0287
l	Estimated average but	rden
ı	hours por rosponso:	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* POPS RICHARD F						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX									c all applic Directo	able) r	g Pers	son(s) to Iss	vner	
(Last) 12780 EI	(Last) (First) (Middle) 12780 EL CAMINO REAL					3. Date of Earliest Transaction (Month/Day/Year) 05/03/2017									Officer below)	(give title	Other (sp below)		specify	
(Street) SAN DII			92130 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  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. Transact Date (Month/Day					Execution Dat ay/Year) if any		Execution Date,		Transaction Disposed (		es Acquired (A) o Of (D) (Instr. 3, 4 a		nd 5)		es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 05/03/2					3/2017	:017			М		15,000	A	\$3.	4(1)	30,	30,454		D		
Common Stock 05/03/2					3/2017	17 F 952 D \$53.37 <sup>(1)</sup> 29,512		512		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. Deem Execution if any (Month/Da	Date,		Transaction Code (Instr.		n of		Exerci on Dat Day/Ye		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er						
Non- Qualified Stock	\$3.4	05/03/2017			M			15,000	06/25/2	010	05/25/2017	Common Stock	15,00	00	\$0.00	0		D		

## **Explanation of Responses:**

1. The share issuance reported on Table I reflects shares issued upon the exercise of options granted on May 25, 2010, which, if unexercised would have expired on May 25, 2017. The option exercises are reported on Table II. These option exercises were pursuant to a net issuance arrangement effected under the issuer's Equity Incentive Plan. The number of shares issued pursuant to the net issuance arrangement was calculated as follows: the option exercise price (\$3.40) was subtracted from the May 03, 2017 market close price (\$53.57), and this net amount (\$50.17) was then multiplied by the number of options (15,000), with the resulting amount then divided by the market close price to result in a net issuance of 14,048 shares to the optionee. The 952 shares underlying the remaining portion of the options are not available for re-issuance, and no shares were sold into the market as a part of the exercise in connection with a net issuance program.

## Remarks:

/s/ Darin Lippoldt, Attorney-In-05/05/2017

\*\* 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.