FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

Washington, D.C. 20549

Check this box if no longer subject to SIAIEWENT OF CHANGES IN BENEFICIAL OVVNERSE Section 16. Form 4 or Form 5	Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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						NEUROCRINE BIOSCIENCES INC [ NBIX ]									eck all applic	cable)	g Pers	10% Ov Other (s	vner
(Last) (First) (Middle) NEUROCRINE BIOSCIENCES, INC. 12780 EL CAMINO REAL						3. Date of Earliest Transaction (Month/Day/Year) 05/28/2015												below)`	
(Street) SAN DII			92130 (Zip)		4. If	Ame	ndment, I	Date (	of Original F	=iled	(Month/Da	ay/Year)		Line	) K Form f	iled by One	e Repo	g (Check Ap orting Perso n One Repo	n
		Tab	le I - Non	-Deriva	ative	Sec	curities	s Ac	quired, I	Dis	posed o	f, or l	Bene	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar)   Ē	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (li	Transaction Disposed Code (Instr. 5)		ties Acc I Of (D)	juired (Instr.	(A) or 3, 4 and	5. Amou Securitie Beneficia Owned F Reported	es Fo ally (D) Following (I)		n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)			(111301. 4)
		٦	Table II - D						uired, Di		,			,	Owned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Tr	ansaction ode (Instr.				6. Date Exe Expiration (Month/Day		of Sec Under	urities lying itive S 3 and	ecurity 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisabl		expiration Date	Title	1	Amount or Number of Shares					
Stock Option <sup>(1)</sup>	\$42.76	05/28/2015			A		25,000		06/28/2015	5 0	5/27/2025	Comm		25,000	\$0.00	25,000	0	D	

## **Explanation of Responses:**

1. Option vests in 12 equal monthly installments beginning June 28, 2015

## Remarks:

/s/ Darin Lippoldt, Attorney-in-

Fact

\*\* Signature of Reporting Person

Date

06/01/2015

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.