Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

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* MOLLICA JOSEPH A | | | | | 2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [NBIX] | | | | | | | | | | ck all applic | cable) r |) Pers | 10% Ow | ner |
|--|--|--|---|------------------------------|---|---|---|----------|--|--------|--------------------|--|--------------------------------|---|--|--|--------|---|---------------------------------------|
| (Last) PO BOX | ` | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2014 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| (Street) PRINCE | TON N | IJ | 08542 | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | Persor | | | | |
| | | Tab | le I - Nor | ı-Deriv | ativ | e Se | curities | s Ac | quired, | Dis | posed o | f, or Be | nefic | ially | Owned | | | | |
| Date | | | | 2. Trans Date (Month/i | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code V A | | Amount | (A) or (D) Price | | ice | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) | |
| | 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 I if any (Month/Day | ate, Transact Code (In | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Stock Option ⁽¹⁾ | \$12.98 | 05/22/2014 | | | A | | 15,000 | | 06/22/201 | 4 0 | 05/22/2024 | Common Stock | 15,0 | 000 | \$0 | 15,000 | | D | |

Explanation of Responses:

1. Represents option of which 1/12th of the shares underlying the option becomes vested and exercisable on June 22, 2014, an additional 1/12th of the shares underlying the option becomes vested and exercisable each month thereafter.

Remarks:

Margaret E. Valeur-Jensen, By Power of Attorney

05/22/2014

** 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.