FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average h | nurden | | | | | | | | |

0.5

hours per response:

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* <u>Lippoldt Darin</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX | | | | | | | | | | ck all appli Directo | cable) | ng Person(s) to Iss 10% Ov Other (s | | wner |
|--|---|--|--|---------------------|--------|---|-----------------------|----------|--------------|-----------------------------------|-------|--|------------|--|-----------------------|---|---|---|--|---|
| (Last) (First) (Middle) 12780 EL CAMINO REAL | | | | | | Date o | | est Tran | sactio | on (Mon | nth/E | Day/Year) | _ | below) | | | | | | |
| (Street) SAN DII (City) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Form | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | | • | (Zip) | n Davis | -4: | | - · · · · · · · · · · | | | l D | .: | | 4 5 | | <u> </u> | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | action | 2A. Deemed | | | 3. Ti | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | A) or | 5. Amou Securiti Benefic Owned | int of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | ode V | , | Amount | (A) (D) | or 1 | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 09/03/ | | | | | | 2019 | | | | М | | 6,736 | 6 A | 1 | \$32.99 | 26,839(1) | | D | | |
| Common Stock 09/03/2 | | | | | | | /2019 | | | S ⁽²⁾ | | 6,736 | 5 I |) | \$100 | 20 | 20,103 | | D | |
| | | 7 | able II - | Derivat (e.g., p | | | | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | n of l | | ate Exer ration D nth/Day/ | ate | r) Amou Secur Under Deriva | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) |
| | | | | Co | Code | v | (A) | (D) | Date Exer | cisable | | kpiration ate | Title | or Nu of | nount mber ares | | | | | |
| Non- Qualified Stock | \$32.99 | 09/03/2019 | | | M | | | 6,736 | | (3) | 02 | 2/03/2025 | Commo | n 6, | ,736 | \$32.99 | 6,625 | | D | |

Explanation of Responses:

- 1. Includes 142 shares acquired under the Neurocrine Biosciences 2018 Employee Stock Purchase Plan on August 30, 2019.
- 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 60 days prior to the transaction date in Box 2 above. Additionally, Issuer policy restricts the Reporting Person from amending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- 3. Option granted February 3, 2015 and vested monthly over four years.

Remarks:

/s/ Darin Lippoldt 09/05/2019

** 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.