FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

lington, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	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*  LYONS GARY A				2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX									ck all applic Directo	able)	10% Owne		vner		
(Last) (First) (Middle) 12780 EL CAMINO REAL				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2016									below)	(Aive une		below)	phecily		
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ine)  X 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. Transar Date (Month/Date				Execution Date			Code (Instr. 5)						5. Amour Securitie Beneficia Owned F	s ally following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)		Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
			Table II - [					uired, Dis s, options						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 Date if any (Month/Day/Ye	ate, Tra	nsactio de (Insti			6. Date Exer Expiration D (Month/Day/		of Seci Underl	uritie: ying tive S	Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i lo	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	de V	(A)	(D)	Date Exercisable		Expiration Date	Title	1	Amount or Number of Shares						
Stock Option	\$47.89	05/20/2016		A		15,000		06/20/2016 <sup>(1</sup>	l) 0	5/20/2026	Comm		15,000	\$0.00	15,000	)	D		

## Explanation of Responses:

1. Option vests in 12 equal monthly installments beginning June 20, 2016.

## Remarks:

/s/ Darin Lippoldt, Attorney-In-

05/24/2016

<u>Fact</u>

\*\* Signature of Reporting Person

Date

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.