FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vasimigton, D.O. 20040		

OMB APPRO	JVAL				
OMB Number:	3235-0287				
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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

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1. Name and Address of Reporting Person*  MOLLICA JOSEPH A					2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				$\frac{1}{1}$									X	Director	•		10% Ow	ner	
					- [											(give title		Other (s	pecify
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)									below)			below)			
12780 El	L CAMINO	REAL			05	/20/2	016												
(Street)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SAN DII	EGO C	A	92130											X	Form fi	ed by One I	Report	ting Persor	ı
					-										Form filed by More than One Reporting Person				ting
(City)	(S	state)	(Zip)																
		Tal	ble I - Noi	n-Deri	ivativ	e Se	curitie	s Ac	quired	, Dis	sposed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L				2A. Deemed Execution Date if any (Month/Day/Ye		Date,	e, Transaction Disposed Code (Instr. 5)			ties Acquired (A) l Of (D) (Instr. 3, 4		4 and Securitie Benefici Owned F		es Fo ally (D) Following (I)	Form:	Direct I Indirect I tr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	Amount (A) or (D)		e e	Transact	Reported Transaction(s) (Instr. 3 and 4)		[	(Instr. 4)	
			Table II -												wned	•		,	
				(e.g.,	puts,	, call	s, warr	ants	, optic	ns, o	convertib	ole secu	ırities	)					
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, Transa Code (					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivativ Security			y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option	\$47.89	05/20/2016			Α		15,000		06/20/20	16 <sup>(1)</sup>	05/20/2026	Common Stock	15,0	00	\$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

**Fact** 

\*\* Signature of Reporting Person

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.