FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* <u>Grigoriadis Dimitri E.</u>						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX								5. Relationship of Reporting (Check all applicable) Director Officer (give title			Person(s) to Issuer 10% Owner Other (specify				
	Last) (First) (Middle) NEUROCRINE BIOSCIENCES, INC. 2780 EL CAMINO REAL							3. Date of Earliest Transaction (Month/Day/Year) 01/13/2015								X Officer (give title Officer Specify below) Chief Research Officer					
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Sta	-		n-Doriv	/ative	Soc	riti	oc Acc	uired	Die	nosed of	or Ber	noficial!	v Owned							
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					caction 2/ Expansion 2/ Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F	s illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
Common Stock 01/13/						/2015		М		20,000	A	\$5.76	98,	683		D					
Common Stock 01/13/					/2015		S ⁽¹⁾		20,000	D	\$30	78,	78,683		D						
		Т									osed of, onvertib			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 Da if any (Month/Day/\)	Date,	Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)				
				Cod	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares								
Nonqualified Stock Option	\$5.76	01/13/2015			M			20,000	(2)		08/25/2021	Common Stock	20,000	\$5.76	105,00	00	D				

Explanation of Responses:

- 1. 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 90 days prior to the transaction date in Box 3 above. Additionally, Issuer policy restricts the Reporting Person from amending, canceling, suspending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- 2. The option was granted August 25, 2011 and vested in 36 equal monthly installments beginning September 25, 2011.

Remarks:

<u>Timothy P. Coughlin, By Power of Attorney</u> <u>01/15/2015</u>

** Signature of Reporting Person Da

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.