FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.C.	20070

Check this box if no longer subject to	STATEM
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	F

ENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Lippoldt Darin						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) 12780 EI	(F L CAMINO	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/09/2017										X	X Officer (give title Other (specify below) Chief Legal Officer					
(Street) SAN DII	EGO C.	A	92130		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	•	(Zip)		<u> </u>	ive Securities Acquired, Disposed of, or Benefic																
			ie I - Non			_			_	ed, D	IS					_				1		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,		e, Transaction Dis Code (Instr. 5)		Disposed	Securities Acquired (A) sposed Of (D) (Instr. 3, 4			4 and Securitie Benefici Owned F		es For ally (D) Following (I) (n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership			
										de V	,	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3		tion(s)			(Instr. 4)	
Common Stock 08/09/						2017		1	М		5,000 A		\$18	3.15	18	,157		D				
Common Stock 08/09/						/2017			S	(1)		5,000	D :		\$	55	13,157		D			
	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	Date,		ransaction Code (Instr.				e Exerc tion Da n/Day/\	ate	ble and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Securi	S (1	3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A) (D)		Date Exerc	Date Exercisable		xpiration vate	Title		Amou or Numb of Share	er								
Non- Qualified Stock Option	\$18.15	08/09/2017			M			5,000	11/03/	2015 ⁽²⁾	1	1/03/2024		nmon ock	5,00	0	\$18.15	56,239	9	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. Represents option which vests 1/4 upon anniversary of grant (11/3/2015), thereafter vesting in equal monthly installments over the following three years such that the entire award is fully vested at 11/3/2018.

Remarks:

/s/ Darin Lippoldt

08/14/2017

** 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.