FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Bozigian Haig P. (Last) (First) (Middle) | | | | NE NB | Susuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [NBIX] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Officer (give title Other) | | | | , .0% O Other (elow) | wner (specify | |
|---|--|--|--------------------------------|-------------------------------------|--|---|--|-----------------------------------|------------------|---|--------------------|---------|----------------------|--|---|---|---|--|------------------|--|
| NEUROCRINE BIOSCIENCES, INC. 12790 EL CAMINO REAL | | | | 02/ | 02/05/2008 | | | | | | | | | | | | | | | |
| (Street) SAN DIEGO CA 92130 | | | | 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) | (Si | | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | Date Exec (Month/Day/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | l and 5) Secu Ben | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Prid | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (| |
| Common Stock 02/0 | | | | | 5/2008 | | | | S ⁽¹⁾ | | 722 | | D | \$5.3058 | | 1,191 | | 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) | | | Date, Transaction Code (Instr. | | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | nstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | | | Expiration Date | | | mber ares | | | | | | |

Explanation of Responses:

1. Sale of 722 shares of common stock issued upon vesting of 1,666 restricted stock units on February 3, 2008 to cover withholding tax, with the balance of the shares (944) maintained by the Reporting Person; the sale was effected by a broker pursuant to instructions set forth in a Rule 10b5-1 plan adopted by the Reporting Person and delivered to the broker on March 5, 2007.

Remarks:

<u>Margaret E. Valeur-Jensen, By</u> <u>Power of Attorney</u>

02/06/2008

** 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.