SEC Form 4	
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Instruction 1(b).

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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

SHERWIN STEPHEN A NEUROCRINE BIOSCIENCES INC [(Check all applicable) X Director 11 (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 12/03/2020 Officer (give title below) C 12780 EL CAMINO REAL Image: Comparison of the point of the poi	1. Title of Securit	ty (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (Disposed Of (D) (Instr. 3 5)		5. Amount of Securities Beneficially Owned Following Benorted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
SHERWIN STEPHEN A (Last) (First) (Middle) 12780 EL CAMINO REAL 3. Date of Earliest Transaction (Month/Day/Year) 0fficer (give title Delow) (Street) SAN DIEGO CA SAN DIEGO CA 92130			Table I - No	n-Derivative S	ecurities Acq	uired, Disp	oosed of, or Bene	ficially	v Owned			
Neurocentre NeurocentreNeurocentre Neurocentre Neurocentre NeurocentreNeuro	(City)	(State)	(Zip)						Person			
SHERWIN STEPHEN A NEUROCRINE BIOSCIENCES INC [NBIX] (Check all applicable) (Last) (First) (Middle) 12780 EL CAMINO REAL 3. Date of Earliest Transaction (Month/Day/Year) 0fficer (give title Delow) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check all applicable)	SAN DIEGO	CA	92130					X	Form filed by Mo			
SHERWIN STEPHEN A NEUROCRINE BIOSCIENCES INC [NBIX] (Check all applicable) X Director 1 (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) C	(Street)			4. If A	mendment, Date of	Original Filed	I (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
SHERWIN STEPHEN A NEUROCRINE BIOSCIENCES INC [NBIX] (Check all applicable) X Director		()	(Middle)			action (Month/	Day/Year)		below)	below)	
1 Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s		1 0		<u>NEU</u>	JROCRINE I			(Checl	k all applicable) Director	10% (Issuer Dwner (specify	

	1	· · · ·						Reported		(Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	12/03/2020		G	v	2,806	D	\$0.00	27,055	D		
Table II. Derivative Converties Accurated Dispersed of an Departicially Owned											

 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 Date, if any (Month/Day/Year)	4. Transa Code (8)		n of		6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

/s/ Darin Lippoldt, Attorneyin-Fact <u>12/07/2020</u>

** 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.