Instruction 1(b).

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
-------------	------------

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response: 0									

					1		30(11) 01 1110			пірапу Асі о	. 20.0						
Name and Address of Reporting Person* Delaet Ingrid				<u>NE</u>	2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
				NBI	NBIX]						Office	er (give title		Other (
4 2 45 2					3 Da	Date of Earliest Transaction (Month/Day/Year)							below)		below)	эрсопу	
(Last) (First) (Middle) 12780 EL CAMINO REAL					08/28/2023						Chief Regulatory Officer						
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applica Line)				pplicable	
(Street)													X Form filed by One Reporting Person				on
SAN DII	SAN DIEGO CA 92130											Form filed by More than One Reporti Person				orting	
(City)	(City) (State) (Zip) Rule						Rule 10b5-1(c) Transaction Indication										
					X Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ended to				
		Table	I - No	on-Deriva	tive S	Secu	rities Ac	quirec	l, Dis	sposed of	, or B	enefic	ially Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution Date,				s Acquired (A) or of (D) (Instr. 3, 4 and				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(111501. 4)
Common Stock 08/28/20					.023		S ⁽¹⁾		1,431(1)	D	\$107	7.52	5,931		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)	Execu if any	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
						Data .		Evniration		Amount or Number							

Explanation of Responses:

1. Sale of 1,431 shares of common stock issued upon vesting of 2,717 restricted stock units on August 28, 2023 to cover payroll and withholding taxes, with the balance of the shares (1,286) maintained by the Reporting Person; 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 on September 13, 2022. Additionally, Issuer policy restricts the Reporting Person from amending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.

(A) (D) Exercisable Date

Remarks:

/s/ Darin Lippoldt, Attorney-

08/30/2023

in-Fact

** 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.