FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
hours per response:	0.5							

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									n 0.5			
1. Name and Address of Reporting Person*  LYLE CORINNE H				2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX					IX Che	eck all applic  X Directo  Officer	cable) or (give title	10% Over title Other (s					
(Last) (First) (Middle) EDWARDS LIFESCIENCES LLC ONE EDWARDS WAY				3. Date of Earliest Transaction (Month/Day/Year) below) below) 08/28/2009													
(Street) IRVINE (City)	C.		92614 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	ole I - Nor	n-Deriv	ative Se	curities Ac	quired	l, Dis <sub>l</sub>	posed o	f, or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				- 1	2A. Deemed Execution Date, if any (Month/Day/Yea	Code	Transaction Code (Instr.		ties Acquired I Of (D) (Instr				Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1115411 4)		
		-				urities Acqı ls, warrants						Owned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		Date, T	ransaction Code (Instr.		Expiration Date (Month/Day/Year)		of Securities D Underlying S		8. Price of Derivative Security (Instr. 5)	derivative Securities			11. Nature of Indirect Beneficia Ownershi			

## **Explanation of Responses:**

\$37.37

1. The option was cancelled by mutual agreement of the reporting person and Neurocrine Biosciences, Inc. The reporting person received \$100 as total consideration for the cancellation.

12,000

(A) (D)

Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

Date

Exercisable

06/25/2005

Expiration

05/25/2015

## Remarks:

Stock Option

(right to buy)

Security

08/28/2009

Margaret E. Valeur-Jensen, By Power of Attorney

Amount Number

Shares

12,000

09/01/2009

\*\* Signature of Reporting Person

(Instr. 3 and 4)

Title

Commo

\$0.0083(1)

Owned Following

Reported Transaction(s) (Instr. 4)

0

or Indirect (I) (Instr. 4)

D

of Indirect

Beneficial

Ownership

(Instr. 4)

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).

Code

D

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.