FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

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*					2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GORMAN KEVIN CHARLES				NBIX ]								X Director		10%	Owner			
(Last)	(Fi	rst) (	Middle)		- 110	171								X	Offic	er (give title w)	Othe belov	r (specify v)
NEUROCRINE BIOSCIENCES, INC.					3. Date of Earliest Transaction (Month/Day/Year)								President and CEO					
12780 EL CAMINO REAL			01/	01/12/2010														
- TE OF EE CHAINTO REFEE				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)						, , ,								Line)  X Form filed by One Reporting Person				
SAN DIE	EGO CA	A 9	92130											Λ		,	e than One Re	
(0)	(0)		<b>-</b> · \		-										Pers		e than one re	porting
(City)	(St	ate) (2	Zip)															
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefici	ally	Owne	ed		
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				Execution Date,		Date,	3. Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr. 8)				nd 5) Securi Benefi Owned		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)		(Instr. 4)
Common	Stock			01/12/2	2010				S <sup>(1)</sup>		9,445	D	\$2.52	28 <sup>(2)</sup>	1	20,877	D <sup>(3)</sup>	
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)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Expira (Month	tion Da h/Day/\		7. Title Amour Securit Underl Derivat Securit and 4)	nt of ties ying			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)

## **Explanation of Responses:**

- 1. Sale of 9,445 shares of common stock issued upon vesting of 21,000 restricted stock units on January 11, 2010 to cover payroll and withholding taxes, with the balance of the shares (11,555) maintained by the Reporting Person; the sale was affected 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 22, 2007.
- 2. Represents a weighted average sales price per share. The prices actually received ranged from \$2.50 to \$2.57. The Reporting Person has provided to the issuer, and will provide to any security holder of the issuer or the SEC staff, upon request, information regarding the number of shares sold at each price within the range.
- 3. 106,215 non-derivative securities are held directly by Reporting Person; 14,662 non-derivative securities are held indirectly by the KCG Limited Liability Company.

## Remarks:

Margaret E. Valeur-Jensen, By Power of Attorney

01/13/2010

\*\* 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.