FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ı	OMB APPROVAL									
l	OMB Number:	3235-0287								
l	Estimated average burden									
ı	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).

# 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 OBrien (		2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [ NBIX								Relationship of eck all applications	cable) r	Perso	10% Ow	ner				
(Last) NEUROCI		3. Date of Earliest Transaction (Month/Day/Year) 11/24/2014								X Officer (give title below) Other (special below)  Chief Medical Officer				pecify				
12780 EL CAMINO REAL  (Street)  SAN DIEGO CA 92130  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						ion 2A. Deemed Execution Date,			3. 4. Securitie			es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amou Securitie Beneficia Owned F	nt of es ally following	Form:	Direct II Indirect E tr. 4) C	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)
Common S	2014	014			S <sup>(2)</sup>		5,463	D	\$19.53	96,544		D						
		Ta	ıble II								osed of, convertib			Owned				
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. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Nonstatutory Stock	\$2.59	11/24/2014			X <sup>(1)</sup>		5,463		06/11/20	10	05/11/2017	Common	5,463	\$2.59	115,000		D	

### **Explanation of Responses:**

- 1. Exercise of in-the-money or at-the-money derivative security
- 2. 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 at least 90 days prior to the transaction date in Box 3 above. Additionally, Issuer policy restricts the Reporting Person from amending, canceling, suspending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- 3. Represents a weighted average price. These shares were sold in multiple transactions at prices ranging from \$19.50 to \$19.55. 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.

## Remarks:

/s/ Timothy P. Coughlin, By Power of Attorney

11/25/2014

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.