#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

#### ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPR	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
ı	hours per response:	0.5							

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

Name and Address of Reporting Person*     Bozigian Haig P.					2. Issuer Name and Ticker or Trading Symbol  NEUROCRINE BIOSCIENCES INC [ NBIX ]									of Reporting cable) or (give title	g Person	10% Ow Other (sp	ner		
(Last) (First) (Middle) 12780 EL CAMINO REAL						Date / /08/2		Tran	saction (Mo	onth/E	Day/Year)		X Officer (give title Officer Specify below)  Chief Development Officer						
(Street) SAN DII			92130 (Zip)		4.1	If Ame	endment, I	Date	of Original	Filed	(Month/Da	ay/Year)		S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
		Tab	ole I - Noi	n-Deri	ivativ	e Se	curities	s Ac	quired,	Disp	osed o	of, or Be	neficial	ly Owned	l				
1			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Disposed Code (Instr. 5)			ed (A) or str. 3, 4 and	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	oirect c	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	Price	Reported Transact (Instr. 3	tion(s)			Instr. 4)	
Common Stock				11/	08/201	18			М		19,50	01 A \$8.0		6 155	155,498				
Common Stock			11/	/08/2018				S <sup>(1)</sup>		19,50	1 D	\$11	0 135	135,997					
Common Stock		11/	08/2018				М		16,79	)4 A	\$8.6	5 152	152,791						
Common Stock			11/	08/2018				S <sup>(1)</sup>		16,79	)4 D	\$11	135,997		Γ				
		-	Table II -						uired, D , option					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 I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercis. Expiration Date (Month/Day/Yea			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownersh Form: Direct (D) or Indirect (I) (Instr.	wnership orm: irect (D) · Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		expiration late	Title	Amount or Number of Shares						
Non- Qualified Stock Option	\$8.66	11/08/2018			M		19,501		(2)	0	1/12/2022	Common Stock	19,501	\$8.66	34,547	7	D		
Non- Qualified Stock	\$8.65	11/08/2018			M		16,794		(3)	0	1/10/2023	Common Stock	16,794	\$8.65	34,376	5	D		

# **Explanation of Responses:**

- 1. 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 2 above. Additionally, Issuer policy restricts the Reporting Person from amending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- 2. Option granted January 12, 2012 and vested monthly over four years.
- 3. Option granted January 10, 2013 and vested monthly over four years.

## Remarks:

/s/ Darin Lippoldt, Attorney-in-

11/1<u>3/2018</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.