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

| STATEMENT O | F CHANGES | IN BENEFICIAL | OWNERSHIP |
|-------------|-----------|---------------|------------------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
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| 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* Grigoriadis Dimitri E. | | | | 2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [NBIX] | | | | | | | | | (Chec | k all applic Directo | cable) | g Pers | son(s) to Iss 10% Ov Other (s | vner | |
|--|----------|---------------------------|---|---|---|--------|----------|--|-------------------|---|--------------------|--------------------------------------|---|--|--------|--|--|--------|---|
| (Last) 12780 EI | ` | (First) (Middle) INO REAL | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2021 | | | | | | | | \dashv | X | below) | | earch | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (Street) SAN DII (City) | | | 92130 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 02/09/2021 | | | | | | | 6. Indi Line) X | , | | | | | | |
| | | Tab | le I - Nor | -Deriv | ativ | e Se | curities | s Ac | quired, | Dis | posed o | f, or Be | nefici | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transplate (Month/t | | | action 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) | | | 4 and Securitie Beneficia | | es Form ally (D) o Following (I) (Ir | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | A) or D) Price | | Transaction(s) (Instr. 3 and 4) | | | | , | | |
| 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 (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Execution Date if any (Month/Day/Year) | | | Date, T | 4. Transaction Code (Instr. 8) | | ı of l | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | C | | v | (A) | (D) | Date Exercisab | | expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Stock Option | \$117.63 | 02/08/2021 | | | A | | 42,042 | | (1) | C | 2/08/2031 | Common Stock | 42,0 | 42 | \$0.00 | 42,042 | 2 | D | |

Explanation of Responses:

1. Represents option of which 1/48th of the shares underlying the option becomes vested and exercisable on March 8, 2021 and an additional 1/48th of the shares underlying the option becomes vested and exercisable each month thereafter.

This amendment is being filed to correct a change in the number of shares in the option grant reported in Table II on the reporting person's original Form 4 filed February 9, 2021.

/s/ Darin Lippoldt, Attorney-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.