FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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**OMB APPROVAL** 

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average but	rden		
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		
or Section 30(h) of the Investment Company Act of 1940				

Name and Address of Reporting Person*     SHERWIN STEPHEN A				2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					NBIX ]							7	Direct Office	tor er (give title		Owner (specify
(Last) (First) (Middle) 12780 EL CAMINO REAL				3. Date of Earliest Transaction (Month/Day/Year) 11/04/2024								belov		belov		
(Street)					4. If An	nendme	ent, Date of	f Original	Filed	(Month/Da	y/Year)	6. Indi	vidual o	r Joint/Grou	p Filing (Check	Applicable
SAN DI	EGO C	A 9	2130									<b>V</b>		•	e Reporting Pe	
(City)	(\$	State) (	Zip)										Perso		ile tilali Olle Ki	porting
		Table	I - Nor	n-Deriva	tive Se	ecurit	ties Acq	uired,	Disp	osed of	, or Ben	eficially	/ Own	ed		
Date			2. Transac Date (Month/Da	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)		(Instr. 4)	
Common	Stock			11/04/	2024			<b>G</b> <sup>(1)</sup>		2,000	D	\$0 24,504 D		D		
		Та	ble II -	Derivati	ve Sec	uritie	es Acqui	red, D	ispo	sed of, o	or Bene	ficially	Owne	d		
				(e.g., pu	ıts, cal	ls, wa	arrants,	option	s, c	onvertib	le secur	ities)				

## **Explanation of Responses:**

1. This transaction represents a gift/charitable contribution effective November 4, 2024. This is not a market transaction, thus no price has been reported. No value was received for the gifted shares.

(A) (D) Date Exercisable

Expiration Date

## Remarks:

/s/ Darin Lippoldt, Attorney-11/07/2024 in-Fact

Amount or Number

of Shares

Title

\*\* 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).

Code

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.