FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
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l	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).

TATEMENT OF OTTAINED IN BENEFICIAL OWNERO

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* OBrien Christopher Flint							2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [NBIX]								of Reportin cable) or (give title	10% Owner		ner	
(Last) (First) (Middle) NEUROCRINE BIOSCIENCES, INC. 12780 EL CAMINO REAL							3. Date of Earliest Transaction (Month/Day/Year) 12/19/2014									CAL	OFFICEF		
(Street) SAN DIEGO CA 92130					_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form t	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting				
(City) (State) (Zip)														Perso	reisuii				
		Tab	ole I - No	n-Deri	vativ	e Se	curit	ies Ac	quired	, Dis	sposed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,		Transaction Dispos			es Acquired Of (D) (Instr		Benefic Owned	es ially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)	
Common Stock 12/19/2							.014		М		20,000	A	\$2.59	116,544			D		
Common Stock 12/19/2							.014		S ⁽²⁾		20,000	D	\$24.02	(3) 95	5,644		D		
		-	Table II -	· Deriva (e.g.,	ative puts,	Secu calls	uritie S, Wa	es Acq arrants	uired, I , optio	Disp ns, (osed of, convertil	or Bend ole secu	eficially rities)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Trans			of		6. Date E Expiratio (Month/D	n Dat			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Incentive Stock	\$2.59	12/19/2014			M			20,000	(1)		05/11/2017	Common Stock	20,000	\$2.59	55,00	0	D		

Explanation of Responses:

- $1.\ The\ option\ was\ granted\ May\ 11,\ 2010\ and\ vested\ in\ 36\ equal\ monthly\ installments\ beginning\ June\ 11,\ 2010.$
- 2. The dispositions reported in this Form 4 were 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 \$24.00 to \$24.17. 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

12/19/2014

** 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.