FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPI	ROVAL
	OMB Number:	3235-0287
	Estimated average b	urden

0.5

hours per response:

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

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 Address of Reporting Person*  OBrien Christopher Flint						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [ NBIX ]							(Ch	eck all app Direc	olicable)		o Issuer % Owner ner (specify	
(Last) (First) (Middle) 12780 EL CAMINO REAL						3. Date of Earliest Transaction (Month/Day/Year) 05/31/2016								1		below)  Chief Medical C		ow)
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ir Line					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			n Date,	Code (Instr. 5)						Securi Benefi	cially I Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect
							Code	v	Amount	(A (D	) or )	Price	Transa	action(s) 3 and 4)		(111511.4)		
Common	Stock	/2016	/2016		S <sup>(1)</sup>		12,500	0 D		\$50	6	7,544	D					
	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Date, Transacti Code (Ins					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber				

## 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 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.

## Remarks:

/s/ Darin Lippoldt, Attorney-

06/02/2016

Date

In-Fact

\*\* Signature of Reporting Person

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.