## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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STATEMENT	OF CHAN	GES IN F	RENEFICIAL	OWNERSHIP
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OMB APPROVAL

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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*  Grigoriadis Dimitri E.  (Last) (First) (Middle)  12780 EL CAMINO REAL				NE NB 3. D	Issuer Name and Ticker or Trading Symbol     NEUROCRINE BIOSCIENCES INC [     NBIX ]  3. Date of Earliest Transaction (Month/Day/Year)     02/03/2016							(Che	5. Relationship of Reporting R (Check all applicable) Director X Officer (give title below) Chief Resear		10% Othe belo	Owner r (specify		
(Street) SAN DIE			92130 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)	Forn	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		and 5) Secui Benet		rities F ficially ( ed Following (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount (A) or (D) Price		ce	Transa	action(s) 3 and 4)		(			
Common Stock 02/03/2			2016				S <sup>(1)</sup>	s <sup>(1)</sup> V 1,375 D \$3		7.98 <sup>(2)</sup>	) 10	09,933	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)	cerivative ecurity nstr. 3)  Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares		De Se (In	Price of trivative ecurity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

1. Sale of 1,375 shares of common stock issued upon vesting of 2,750 restricted stock units on February 3, 2016 to cover payroll and withholding taxes, with the balance of the shares (1,375) maintained by the Reporting Person; 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.

2. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$36.81 to \$39.59. 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/ Darin Lippoldt, Attorney-In-Fact 02/04/2016

\*\* 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).

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.