Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL OMB Number: Estimated average burden 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* Coughlin Timothy P						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX							BIX (Ch	eck all appli Directo	or r (give title		10% Owner Other (specify below)	
(Last) (First) (Middle) NEUROCRINE BIOSCIENCES, INC. 12780 EL CAMINO REAL						3. Date of Earliest Transaction (Month/Day/Year) 03/20/2015								C	Chief Financial Officer			
(Street) SAN DIEGO CA 92130				_	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) <mark>X</mark> Form f Form f	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip)															
1. Title of Security (Instr. 3) 2. TransDate (Month/I		action	tion 2A. Deemed Execution Date,		med on Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		l (A) or	5. Amou Securiti Benefici	int of es ially 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	Transac (Instr. 3	ction(s)			(11150.4)			
Common Stock 03/2				03/20)/2015	.015			М		40,000	A	\$2.59	141,374			D	
Common Stock 03/2			03/20)/2015	1015		S ⁽¹⁾		40,000	D	\$44.49	(2) 101	1,374		D			
		-	Table II ·								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares					
Incentive Stock	\$2.59	03/20/2015			M			40,000	(3)		05/11/2017	Common	40,000	\$2.59	60,00	0	D	

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.
- 2. Represents a weighted average price. These shares were sold in multiple transactions at prices ranging from \$43.59 to \$45.14. 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.
- 3. The option was granted May 11, 2010 and vested in 36 equal monthly installments beginning June 11, 2010.

Remarks:

Kevin C. Gorman, By Power of Attorney

03/24/2015

** 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.