FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	
------------------------	--

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 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

1. Name and Address of Reporting Person*  GORMAN KEVIN CHARLES  (Last) (First) (Middle)							Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [ NBIX ]  3. Date of Earliest Transaction (Month/Day/Year)										cable) or (give title	-	10% Ov Other (s below)	ner		
12780 EL CAMINO REAL							02/13/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)										Chief Executive Officer  6. Individual or Joint/Group Filing (Check Applicable					
(Street) SAN DIEGO CA 92130					_								- '	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person								
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication																	
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Tab	le I - No	n-Deriv	ative	e Se	curit	ies Ad	cqu	iired, l	Dis	posed o	of, or	Ben	eficially	/ Owne	t					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (Ir 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	ount (A) or (D)		Price	Reporte Transac (Instr. 3	ction(s)			Instr. 4)		
Common Stock 02/13/2							2024			М		2,778	78 <sup>(1)</sup> A		\$35.99	9 509,740		D				
Common Stock 02/13/2					3/2024	2024			M		2,312 <sup>(1)</sup> A		\$43.24	512,052(2)			D					
		7	able II -									osed of converti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)					Date Exe piration onth/Day	Date		Amour Securi Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		Expiration Date	Title		Amount or Number of Shares							
Incentive Stock Option	\$35.99	02/13/2024			M			2,778		(3)	0	02/05/2026	Comm		2,778	\$35.99	0		D			
Incentive Stock Option	\$43.24	02/13/2024			M			2,312		(4)	0	2/06/2027	Comm		2,312	\$43.24	0		D			

## Explanation of Responses:

- 1. This transaction involved a cash exercise of a stock option without a subsequent sale of the underlying shares of common stock
- 2. 491,365 of the outstanding shares are held by the Gorman and Blais Family Trust, of which Dr. Gorman has voting and investment power.
- 3. The option was granted February 5, 2016 and vested in 48 equal monthly installments beginning March 5, 2016.
- 4. The option was granted February 6, 2017 and vested in 48 equal monthly installments beginning March 6, 2017.

## Remarks:

/s/ Darin Lippoldt, Attorney-in-02/14/2024

\*\* 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.