FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|
| ı | | | | | | | | | | |
| l | OMB Number: 3235-02 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| 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).

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 | | | | | 2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [NBIX] | | | | | | 3IX (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | |
|--|---|--------------------------|---|------|---|--|-----|--|--------------------|---|-------------------------------------|--|--|--|---------------------------------------|--|
| NEUROCRINE BIOSCIENCES, INC. 12790 EL CAMINO REAL | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2007 | | | | | | | Exec VP & COO | | | | |
| (Street) SAN DIEGO CA 92130 (City) (State) (Zip) | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | . Individual or Joint/Group Filing (Check Applicable ine) X 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. Transar Date (Month/Date) | | | | | Execution Date, | | | Code (Instr. 8) | | tr. 3, 4 and 5 | Beneficia Owned Fo Reported | s Form Illy (D) o ollowing (I) (In | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | 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 | Date (Month/Day/Year) if | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Stock Option ⁽¹⁾ | \$11.44 | 01/11/2007 | | A | | 108,000 | | 01/11/2008 | 01/11/2014 | Common Stock | 108,000 | \$11.44 | 108,000 | D | | |
| Restricted Stock Unit | (2) | 01/11/2007 | | A | | 63,000 | | (3) | (3) | Common Stock | 63,000 | \$0 | 63,000 | D | | |

Explanation of Responses:

- 1. Represents option of which 1/3 of the shares underlying the option becomes vested and exercisable on January 11, 2008, January 11, 2009 and January 11, 2010, respectively.
- 2. Each restricted stock unit represents a contingent right to receive one share of Neurocrine Common Stock.
- 3. The restricted stock units will vest annually at 1/3 of the units vesting on February 11, 2008, January 11, 2009 and January 11, 2010, respectively.

Remarks:

Margaret E. Valeur-Jensen, By Power of Attorney 01/16/2007

** 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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$