FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average b	ourden									
ı	hours nor resnance.	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* <u>LYLE CORINNE H</u>															ationship o all applio Directo	cable)	g Pers	son(s) to Issu		
(Last) (First) (Middle) EDWARDS LIFESCIENCES LLC ONE EDWARDS WAY				10	3. Date of Earliest Transaction (Month/Day/Year) 10/24/2007										below)			Other (specification)	,	
(Street) IRVINE (City)	C.		92614 (Zip)		. 4.1	if Ame	name	nt, Date (	ot Oriç	ginai File	ed (Month	Day	//Year)		indiv ne) X	Form fi	iled by One	Repo	(Check App orting Person one Report	1
			ole I - Nor			_			·		<del>-</del>		-		lly		1			
Date			Date	Date		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		on Dispo				nd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								C	ode V	Amou	nt	(A) or (D)	Price	•	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
		-	Table II - I										or Bene le secu		у О	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	4. Transa Code ( 3)				Expir	ate Exerc iration Da nth/Day/Y			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	8. Price of Derivative Security (Instr. 5)	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exerc	: rcisable	Expiratio Date		Title	Amount or Number of Shares	r					
Common Stock	\$56.54	10/24/2007			D			20,000	07/0	07/2004	06/07/201	14	Common Stock	20,00	)	\$0.005 <sup>(1)</sup>	0		D	

## **Explanation of Responses:**

1. The option was cancelled by mutual agreement of the reporting person and Neurocrine Biosciences, Inc. The reporting person received \$100 as consideration for the cancellation.

## Remarks:

Margaret E. Valeur-Jensen, By Power of Attorney

10/26/2007

\*\* Signature of Reporting Person

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.