FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	CTATEMENT OF CHANGES IN DENEFICIAL	OVANIEDOLUB
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

1. Name and Address of Reporting Person* POPS RICHARD F						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX									ationship of Reporting all applicable) Director Officer (give title		10% Ov Other (s		vner
(Last) (First) (Middle) ALKERMES, INC., 852 WINTER ST				05	3. Date of Earliest Transaction (Month/Day/Year) 05/11/2015 4. If Amendment, Date of Original Filed (Month/Day/Year)									below)			below)		
(Street) WALTH			02451 (Zip)		_ 4.	If Ame	endme	nt, Date o	of Original	Filed	(Month/Da	ıy/Year)		Indivi ne) X	Form fi	led by One led by Mor	Repo	(Check Ap orting Perso orting Repo	n
(City)	(3		le I - No	n-Deriv	vativ	e Se	curit	ies Ac	nuired	Dis	nosed o	f or Re	neficia	llv (Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			or 5. Amou Securitie Benefici Owned F		nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common				05/11/2015		.5			М		15,000	0 A	\$4.7	76	18,273 ⁽¹⁾ 16,472 ⁽¹⁾		D		
Common				05/1	1/201	2015			F		1,801	. D	\$39.	63				D	
		-	Table II -								osed of, onvertil			y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Day	Date, Transacti Code (Ins					6. Date Exercisa Expiration Date (Month/Day/Yea			of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i C F Ily D o (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock	\$4.76	05/11/2015			M			15,000	05/28/20	08 0	5/28/2015	Common Stock	15,000		\$0.00	0		D	

Explanation of Responses:

1. The share issuance reported on Table 1 reflects shares issued upon the exercise of options granted on May 28, 2008, which, if unexercised, would have expired on May 28, 2015. The option exercises are reported on Table II. These option exercises were pursuant to a net issuance arrangement effected under the issuer's equity incentive plan. The number of shares issued pursuant to the net issuance arrangement was calculated as follows: the option exercise price (\$4.76) was subtracted from the May 11, 2015 market close price (\$39.63), and this net amount (\$34.87) was then multiplied by the number of options (15,000), with the resulting amount then divided by the market close price to result in a net issuance of 13,199 shares to the optionee. The 1,801 shares underlying the remaining portion of the options are not available for reissuance, and no shares are sold into the market as part of the exercise in connection with a net issuance program.

Remarks:

/s/ Darin Lippoldt, Attorney-in-Fact

05/13/2015

** 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.