FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

Name and Address of Reporting Person*     Norwalk Leslie V						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [ NBIX ]								(Ch	eck all a <sub>l</sub>	nip of Reportir oplicable) ector	ng Per	10% Ov	vner	
(Last) 12780 EI	(Fi	*	(Middle	e)		3. Date of Earliest Transaction (Month/Day/Year) 02/27/2024									Offi bel	cer (give title ow)		Other (s	specify	
(Street) SAN DII	EGO CA	A	92130	)	4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> Foi	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)		-     R	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 -	Non-Deri	vative	e Sec	urit	ies A	cquir	ed, C	Disposed o	of, or E	3en	eficial	ly Owr	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Date,		ate,				s Acquired (A) or f (D) (Instr. 3, 4 and			Sec Ben Owr	mount of urities eficially ed Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Pric	е	Tran	orted nsaction(s) tr. 3 and 4)			(Instr. 4)		
Common Stock 02/27/2024			024	M 8,000 A \$84.95 8,000		8,000		D												
Common Stock 02/27/2024			024				S <sup>(1)</sup>		8,000	D	\$13	35.6735	5(2) 0			D				
		Т	able								sposed of s, converti				Owne	d				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of Deriv Secu Acqui (A) on Dispo of (D)		oosed D) tr. 3, 4	Expiration Da (Month/Day/Y		Date Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		4)	8. Price Derivati Security (Instr. 5)	derivative Securities	e s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	100	Amount or Number of Shares						
Non- Qualified Stock Option	\$84.95	02/27/2024			M			8,000		(3)	05/18/2032	Commo		8,000	\$84.95	1,724	1	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 on November 28, 2023. Additionally, Issuer policy restricts the Reporting Person from amending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan
- 2. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$134.82 to \$136.50. 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. Option vests in 12 monthly installments beginning June 18, 2022.

## Remarks:

/s/ Darin Lippoldt, Attorney-in-02/29/2024 **Fact** 

\*\* 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.