## SEC Form 4

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## 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response:	0.5									

					01 000		or the	Investmen	1 001	npany / tet t	01 10 40		_					
1. Name and Address of Reporting Person* MOLLICA JOSEPH A					2. Issuer Name and Ticker or Trading Symbol <u>NEUROCRINE BIOSCIENCES INC</u> [ NBIX								(Chec	k all applic	,			
					1											10% Ov		
					-							4	Officer below)	(give title		Other (s below)	specify	
(Last)	`	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								below)			Delow)		
12780 EL CAMINO REAL					05/22/2017													
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)				
SAN DI	EGO C	A	92130											, , ,				
													1	Form fi Person		e than	One Repo	rting
(City)	(5	State)	(Zip)											Feison				
1. Title of S	Security (Ins			-Deriv 2. Transa Date		2A. Deem	ned	3.		4. Securit	f, or Be	ed (A	A) or	Owned 5. Amour Securitie	nt of			7. Nature of Indirect
			Day/Year) Execution Dat if any (Month/Day/Year)				Code (Instr. 5)		a or (b) (msu: 3, 4		, 4 anu	Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)	r Indirect str. 4)	Beneficial Ownership		
	Code V Amount (A) (D)				(A) o (D)	r	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)						
			Table II - E (	Deriva e.g., p	tive Sec uts, cal	curities Is, warı	Acq rants	uired, D s, option	ispo Is, c	osed of, onvertit	or Ben ble secu	efic uriti	cially C ies)	Owned				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		) c	ransaction ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Derivative Sect (Instr. 3 and 4)						Derivative Security curity (Instr. 5)		Securities Beneficially Owned		11. Nature of Indirec Beneficia Ownershi (Instr. 4)	
1		1	1		1	1	1		- L		1	Δ.	mount		1			

				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares				
Stock Option	\$53.64	05/22/2017		A		15,000		06/22/2017 <sup>(1)</sup>	05/22/2027	Common Stock	15,000	\$0.00	15,000	D	
Explanatio	Explanation of Responses:														

sp

1. Option vests in 12 equal monthly installments beginning June 22, 2017.

**Remarks:** 

## /s/Darin Lippoldt, Attorney-In-06/08/2017 **Fact**

\*\* 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.