FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPF	ROVAL					
$\ \ $	OMB Number:	3235-0287					
Estimated average burden							
Ш	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* Nevinny Corinne H						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX									all applic	ionship of Reportin all applicable) Director Officer (give title		10% Ow	wner
(Last) 12780 El	(F L CAMINO	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/12/2014									below)	(give title		Other (s below)	pecily
(Street) SAN DIEGO CA 92130				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person						
(City)			(Zip)		-										Form fi Person	ting			
		Tab	le I - Noi	n-Deriv	/ativ	e Se	curit	ies Ac	quired	, Dis	posed o	f, or Be	neficia	ally	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. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		ed (A) or str. 3, 4 a	4 and Secur Benef Owne		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 Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			05/12	2/201	/2014			М	M		0 A	\$12	2.37	13,531(1)			D		
Common	Stock			05/12	2/201	/2014		F		10,25	8 D	\$14	3,2		3,273(1)		D		
		•	Гable II -								osed of, converti				wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deeme Execution if any (Month/Day	Date, Transact Code (In		action of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er					
Stock Option	\$12.37	05/12/2014			M			12,000	07/01/20	007	06/01/2014	Common Stock	12,00	0	\$ 0	0		D	

Explanation of Responses:

1. The share issuance reported on Table I reflects shares issued upon the exercise of options granted on June 1, 2007, which, if unexercised, would have expired on June 1, 2014. 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 (\$12.37) was subtracted from the May 12, 2014 market close price (\$14.47), and this net amount (\$2.10) was then multiplied by the number of options (12,000), with the resulting amount then divided by the market close price to result in a net issuance of 1,742 shares to the optionee. The 10,258 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:

<u>Margaret E. Valeur-Jensen, By</u> <u>Power of Attorney</u>

05/14/2014

** 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.