FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	. OWNERSHIP

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

											<u> </u>								
Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [ NBIX (Check all applicable)  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)											uer			
ROBERTS EIRY				1									Director				10% Ow	/ner	
				1	J								X	Officer (give title below)			Other (s below)	pecify	
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								Chief Medical Officer					
12780 EL CAMINO REAL				02/0	02/05/2018														
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
SAN DIEGO CA 92130														X Form filed by One Reporting Person					
													Form filed by More than One Reporting Person					ting	
(City)	(5	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Inst	tr. 3)		2. Transa	ction		2A. Deeme		3.			ties Acquir			5. Amou				7. Nature
Date (Month/D				Date (Month/D	ay/Year) Execution Date,			Code (Instr.   5)		l Of (D) (Instr. 3, 4 a		d Securitie Beneficia		ally (D) o Following (I) (Ir		or Indirect nstr. 4)	of Indirect Beneficial		
					(Month/Day/Year)			9) 8)									Owned F	Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3 a	tion(s)			,5 4,	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				±.g., pt	uts, t	Call	<del></del>		•			Die Sect	irities)	_					
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, Tran ty or Exercise (Month/Day/Year) if any Code		ransac ode (Ir	action of E			Expiration Date (Month/Day/Year) U			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	ode '	v	(A)		Date Exercisabl		xpiration ate	Title	Amoun or Numbe of Shares	r					
Restricted Stock Unit	(1)	02/05/2018			A		12,250		(2)	0	3/15/2021	Common Stock	12,25	0	\$0.00	12,250	)	D	
Restricted Stock Unit	(1)	02/05/2018			A		18,400		(3)	0	2/05/2020	Common Stock	18,40	0	\$0.00	18,400		D	

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit represents a contingent right to receive one share of the Neurocrine Common Stock.
- 2. A portion of this grant will vest upon FDA approval of opicapone within a specified time period, and portions of this grant will vest upon achievement of specified revenue milestones within a specified time
- 3. Performance Restricted Stock Units ("PRSU") will vest upon the date the Company has achieved both (1) obtaining positive pivotal clinical trial data for the treatment of Tourette syndrome with valbenazine and (2) FDA acceptance of a New Drug Application for the treatment of Tourette syndrome with valbenazine.

## Remarks:

/s/ Darin Lippoldt, Attorney-in-02/07/2018 **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.