FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

5 .

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								

0.5

hours per response:

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

Name and Address of Reporting Person* Lippoldt Darin						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [NBIX]								neck all appli Direct Y Office	cable) or (give title	10% Owner		vner
(Last) 12780 El	(F L CAMINC	irst) REAL		3. Date of Earliest Transaction (Month/Day/Year) 05/18/2017								below	below) Chief Legal O					
(Street) SAN DIEGO CA 92130				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. l Lin	e) X Form Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip) ===== o le I - N o	n-Der	ivativ	e Se	curi	ties Ac	auired	. Dis	sposed o	f. or Bei	neficial	ly Owned				
1. Title of Security (Instr. 3)		2. Trans	2. Transaction Date		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		(A) or	5. Amo Securit Benefic Owned	unt of es ially Following	Form (D) or	: Direct I r Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	tion(s)		[
Common Stock 05/1				05/1	8/2017	/2017					10,000	A	\$18.1	.5 23	23,157		D	
Common Stock 05/18				8/2017	/2017			S ⁽¹⁾		10,000	D	\$53.27	⁷⁽²⁾ 13	13,157		D		
			Table II ·						,		osed of, convertil		-	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock	\$18.15	05/18/2017			M			10,000	11/03/201	15 ⁽³⁾	11/03/2024	Common Stock	10,000	\$18.15	61,23	39	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 at least 90 days prior to the transaction date in Box 3 above. Additionally, Issuer policy restricts the Reporting Person from amending, canceling, suspending 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 \$52.53 to \$53.67. 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. Represents option which vests 1/4 upon anniversary of grant (11/3/2015), thereafter vesting in equal monthly installments over the following three years such that the entire award is fully vested at 11/3/2018.

Remarks:

<u>/s/Darin Lippoldt</u>

** Signature of Reporting Person Date

05/22/2017

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.