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

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			or Section 30(n) of the investment Company Act of 1940						
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Lippoldt Darin			1		Director	10% Owner			
		(Middle)	'	X	Officer (give title below)	Other (specify below)			
(Last)		, ,	3. Date of Earliest Transaction (Month/Day/Year) 02/03/2015		Chief Legal Officer				
12780 EL CAMINO REAL			A If Amondment Date of Original Filed (Manth/Day/Marr)	C India	vidual as laint/Oraun Fili	na (Chaoli Annliachla			
(Otres et)			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	vidual or Joint/Group Fili	пд (Спеск Арріїсаріе			
(Street) SAN DIEGO	СА	92130		X	Form filed by One Re	porting Person			
		52130			Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of 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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit	(1)	02/03/2015		А		25,000		(2)	(2)	Common Stock	25,000	\$0	25,000	D	
Stock Option	\$32.99	02/03/2015		A		30,000		(3)	02/03/2025	Common Stock	30,000	\$32.99	30,000	D	

Explanation of Responses:

1. Each Restricted Stock Unit represents a contingent right to receive one share of the Neurocrine Common Stock.

2. Performance Restricted Stock Units ("PRSU") will vest upon the Company obtaining FDA approval of a New Drug Application. The vesting provisions of these PRSUs are exclusive of the elagolix program. 3. Represents option of which 1/48th of the shares underlying the option becomes vested and exercisable on March 3, 2015 and an additional 1/48th of the shares underlying the option becomes vested and exercisable each month thereafter.

Remarks:

<u>Timothy P. Coughlin, By Power</u> 02/05/2015 of Attorney

** 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.