FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL
1	

3235-0287 OMB Number: Estimated average burden 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

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1. Name ar		2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Lloyd-Smith Malcolm</u>						NBIX]									Directo				
		1,011								X	Officer below)	er (give title Other (w) below)			pecify				
(Last) 12780 El		3. Date of Earliest Transaction (Month/Day/Year) 10/14/2019								Chief Regulatory Officer									
(O) ()					- 4. ľ	f Amen	dmer	nt, Date	of Origin	ıal Fi	iled (Month/D	ay/Year)			idual or	Joint/Group	Filing (Cl	neck Ap	plicable
(Street) SAN DIEGO CA 92130														Line) X Form filed by One Reporting Person					n
(City) (State) (Zip)					-									Form filed by More than One Reporting Person					
(City)	(5	lale)	(Zip)																
		Tab	le I - 1	Non-Deri	vative	Sec	uriti	ies A	cquired	d, b	isposed o	of, or B	eneficia	ally	Owned	t l			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		ies ially Following	6. Owner Form: Di (D) or Inc (I) (Instr.	rect lirect 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock 10/14/201							9		М		9,956	A \$15.45		5	29,569(1)		D		
Common Stock 10/14/201							.9		S ⁽²⁾		9,956	D	\$90.848	34 ⁽³⁾	19	19,613			
		1	able								sposed of				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)		ransaction Code (Instr.		umber vative urities uired or oosed o) tr. 3, 4 5)	6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ow For Dire or I (I) (nership m: ect (D) ndirect Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock	\$15.45	10/14/2019			M			9,956	(4)		10/01/2024	Common Stock	ⁿ 9,956		\$15.45	0		D	

Explanation of Responses:

- 1. Includes a total of 375 shares acquired under the Neurocrine Biosciences 2018 Employee Stock Purchase Plan. 190 shares were purchased on February 28, 2019 and 185 shares were purchased on August 30,
- 2. 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 60 days prior to the transaction date in Box 2 above. Additionally, Issuer policy restricts the Reporting Person from amending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- 3. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$90.05 to \$91.70 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.
- 4. Option granted October 1, 2014 and vested at 25% upon first anniversary (October 1, 2015) and remaining 75% vested in 36 equal monthly installments beginning November 1, 2015.

Remarks:

/s/ Darin Lippoldt, Attorney-in-10/16/2019 **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.