#### 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name ar Bozigia	<u>N</u>	2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX								5. Relationship of Reportin (Check all applicable) Director  Officer (give title			g Person(s) to Issuer  10% Owner  Other (specify		vner				
(Last) (First) (Middle) 12780 EL CAMINO REAL						3. Date of Earliest Transaction (Month/Day/Year) 06/18/2019								X	Chief Development Officer				
(Street) SAN DII	GO CA 92130 (State) (Zip)				- 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye						2A. De Execu if any (Monti	tion [	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			I 5)	Beneficially Owned Followin		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code V		Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a		tion(s)			(Instr. 4)
Common Stock 06/18/201						9		M		2,100	A	\$32	.99	144	44,076		D		
Common Stock 06/18/201						19			S <sup>(1)</sup>		2,100	D	\$87.8	174 <sup>(2)</sup>	14:	1,976		D	
	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)	if any	emed tion Date, n/Day/Year)	4. Transa Code ( 8)				6. Date Ex Expiration (Month/Da	Da		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab	le	Expiration Date	Title	Amor or Numl of Share	ber					
Non- Qualified Stock	\$32.99	06/18/2019			M			2,100	(3)		02/03/2025	Commor Stock	2,10	00	32.99	56,656		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 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.
- 2. Represents a weighted average sales price per share. These shares were sold in multiple transactions at prices ranging from \$87.53 to \$87.965. 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. Option granted February 3, 2015 and vested monthly over four years  $\frac{1}{2}$

# Remarks:

/s/ Darin Lippoldt, Attorney-in-06/20/2019 **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.