SEC Form 4	
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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

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

						0000	011 00(11)	01 410		esument	Joinp	, any 7 lot	0. 10 10									
1. Name and Address of Reporting Person <sup>*</sup> SHERWIN STEPHEN A						2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SHERWIN STEPHEN A						NBIX ]										Directo	r		10% Ov	vner		
																	Officer (give title		Other (s	specify		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)										below) below)					
12780 EL CAMINO REAL						05/19/2020																
																	6 Individual or Jaint/Crown Filing (Chooly Applicable					
(Street)					4.1	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						
																		e than	One Repor	ting		
(City)	City) (State) (Zip)												Person	l								
(0.13)	5)	,																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of	Security (Ins	tr. 3)		2. Trans	action														7. Nature			
Date (Month/D					Dav/Ye	Execution Date ay/Year)   if any			e, Transaction Dispose Code (Instr. 5)				l Of (D) (Instr. 3, 4 an		4 and	Securitie				of Indirect Beneficial		
					,		(Month/Day/Yea					-/				Owned F Reported	ollowing (I) (		nstr. 4)	Ownership (Instr. 4)		
										Code V		Amount	(A) (D)	or P	rice	Transact	Transaction(s)			(1130.4)		
												(D)				(Instr. 3 and 4)						
		٦	Table II - D	Deriva	tive	Sec	urities	Acc	quir	ed, Dis	pos	sed of,	or Bei	nefici	ally	Owned						
			(	e.g., p	outs,	call	s, war	rants	s, o	ptions	, co	nvertik	ble sec	uritie	es)							
1. Title of	2.	3. Transaction	3A. Deemed	d 4	4.		5. Number		6. Date Exercisal			e and	7. Title and			8. Price of	9. Numbe	r of	10.	11. Nature		
Derivative	Derivative Security (Instr. 3) Price of Derivative Security				Transa Code (				Expiration Date Amount of (Month/Day/Year) Securities Underlying Derivative Secu (Instr. 3 and 4)						Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial			
					coue ( 8)	insu.									(Instr. 5)	Beneficially		Direct (D)	Ownership			
														urity		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)			
						Disposed		(insure and 4)							Reported							
						of (D) (Instr. 3, 4										(Instr. 4)						
				L			and 5)															
															ount							
														or Nur	nber							
					Code	v	(A)	(D)	Date Exe	e rcisable	Exp Dat	piration te	Title	of Sha	res							
Non-							+	H			+			+								

Explanation of Responses:

\$119.93

1. Option vests in 12 equal monthly installments beginning June 19, 2020.

05/19/2020

**Remarks:** 

Qualified

Stock Option

## /s/ Darin Lippoldt, Attorney-in-05/21/2020

\$0.00

6,018

D

Fact

Common Stock

06/19/2020<sup>(1)</sup> 05/19/2030

\*\* Signature of Reporting Person Date

6,018

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).

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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.

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