FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to m 4 or Form 5	STA

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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 and Address of Reporting Person* Boyer David W.					2. Issuer Name and Ticker or Trading Symbol NEUROCRINE BIOSCIENCES INC NBIX										all app Direc Office	er (give title	g Per	10% O	wner	
(Last) (First) (Middle) 12780 EL CAMINO REAL					3. Date of Earliest Transaction (Month/Day/Year) 09/13/2024										below) below) Chief Corp. Affairs Officer					
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indivi ine)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
	`		I - Non-Deriva	ative	Secui	rities	Acq	uir	ed, D	isposed	of, c	or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1)						nd 5) S B C F		Securities Beneficially Owned Following		wnership n: Direct or ect (I) r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Со	de	v	Amount	(A) o (D)	Price		Trans		orted saction(s) tr. 3 and 4)				
Common Stock 09/13/2024					4		S	(1)		3,461	D	\$	121.88	21.8804(2)		1,672(3)		D		
		Та	ble II - Derivat (e.g., pı							posed o					wne	d				
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)		saction (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Date Amount of		nt of ities lying itive ity (Instr.	8. Price Derivativ Security (Instr. 5)		derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)	
				Code	Code V (A) ((D)	Dat Exe	te ercisable	Expiration able Date		itle	Amount or Number of Shares	1						

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 on June 14, 2024. 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 \$120.31 to \$122.48. 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. Includes an aggregate of 238 shares purchased on February 29, 2024 and August 30, 2024 from the Neurocrine Biosciences, Inc. 2018 Employee Stock Purchase Plan.

Remarks:

/s/ Darin Lippoldt, Attorneyin-Fact 0

** Signature of Reporting Person

09/17/2024

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.