Edgar Filing: NEUROCRINE BIOSCIENCES INC - Form 4

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NEUROCRI Form 4	NE BIOSCIE	INCES INC											
July 14, 2015	5												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION											OMB APPROVAL		
	UNIII	LD SIAIL				ND EAC D.C. 205		NGE U	UN11011551UN	OMB Number:	3235-0287		
Check thi if no long	or			U	·				Expires:	January 31, 2005			
subject to	F CHAN			NERSHIP OF	Estimated average								
Form 4 or	Section 16. SECURITIES Form 4 or								burden hou response	•			
Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,													
may continue. 20(k) of the Investment Company Act of 1935 of Section													
See Instruction 30(n) of the Investment Company Act of 1940 1(b).													
(Print or Type Responses)													
1. Name and Address of Reporting Person _2. Issuer Name and Ticker or Trading5. Relationship oOBrien Christopher FlintSymbolIssuer							Reporting Person(s) to						
NEU INC					E E	BIOSCIE	NCE	S	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of			ansaction			Director X Officer (give		Owner er (specify		
			(Month/D 07/13/20	-	r)				below) below) Chief Medical Officer				
				Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City)	(State)	(Zip)	Tabl	o I No	n D	orivotivo S	ocurit	ios A ca	uired, Disposed of	or Ronoficial	ly Ownod		
1.Title of	2. Transaction			3.	-II-D			_	5. Amount of	6. Ownership	-		
Security	(Month/Day/Y			Transaction(A) or Disposed of (D)					Securities	Form: Direct			
(Instr. 3)	Code (Instr. 3, 4 and 5) (Instr. 8)						Owned	Ownership					
							(A)		Following Reported	(Instr. 4)	(Instr. 4)		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	07/13/2015			М	V	10,000	А	\$ 5.76	110,004	D			
Common Stock	07/13/2015			S <u>(1)</u>	V	10,000	D	\$ 50	100,044	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 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 (Instr.		5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour Underlying Securit (Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amc or Num of Sł
Non-Qualified Stock Option	\$ 5.76	07/13/2015		М	v		10,000	(2)	08/25/2021	Common Stock	10,

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
OBrien Christopher Flint 12780 EL CAMINO REAL SAN DIEGO, CA 92130			Chief Medical Officer					
Signatures								
/s/ Darin Lippoldt, Attorney-In-Fact		07/14/2015						
**Signature of Reporting Person		Date						

Explanation of Responses:

- * 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).
- 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
 (1) by the Reporting Person at least 90 days prior to the transaction date in Box 3 above. Additionally, Issuer policy restricts the Reporting Person from amending, canceling, suspending or otherwise modifying any 10b5-1 trading plan subsequent to adoption of the plan.
- (2) The option was granted August 25, 2011 and vested in 36 equal monthly installments beginning September 25, 2011.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.