## Edgar Filing: Bozigian Haig P. - Form 4

Bozigian Ha Form 4	ig P.										
September 0	8, 2017										
FORM	14								OMB AF	PROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287		
	Check this box if no longer							Expires:	January 31 2005		
subject to STATEMENTO Section 16. Form 4 or			F CHANGES IN BENEFICIAL OWN SECURITIES					ERSHIP OF	Estimated a burden hour response	l average ours per	
Form 5 obligation may cont See Instru 1(b).	ns Section 17(	a) of the 1	Public U		ling Com	ipany	Act of	Act of 1934, 1935 or Sectior )	1		
(Print or Type I	Responses)										
Bozigian Haig P. Sy			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol NEUROCRINE BIOSCIENCES				5. Relationship of Reporting Person(s) to Issuer			
			INC [N	BIX]				(Check	c all applicable	)	
(Last) 12780 EL C	(Montl			nte of Earliest Transaction hth/Day/Year) 16/2017				Director 10% Owner X Officer (give title Other (specify below) below) Chief Development Officer			
	(Street)		4 If Ame	endment, Date Original				6. Individual or Joint/Group Filing(Check			
SAN DIEG	O, CA 92130			nth/Day/Year	-			Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
(City)		(Zip)	Tabl	la I Non D	arivativa (	Soouri		Person tired, Disposed of	or Bonoficial	v Ownod	
1.Title of		-		3.			-	5. Amount of	6.	7. Nature of	
Security (Instr. 3)	ecurity (Month/Day/Year) Execution Date, if		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			of (D)	S. Aniount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect		
Common				Code V	Amount	(D)	Price				
Stock	09/06/2017			М	15,000	А	\$ 8.65	144,601	D		
Common Stock	09/06/2017			S <u>(1)</u>	15,000	D	\$ 60	129,601	D		
Common Stock	09/06/2017			М	11,250	А	\$ 19.59	140,851	D		
Common Stock	09/06/2017			S <u>(1)</u>	11,250	D	\$ 60	129,601	D		

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

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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. Transactio Code (Instr. 8)	5. Number of orDerivative 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	Amo or Num of Sh
Non-Qualified Stock Option	\$ 8.65	09/06/2017		М	12,793	(2)	01/10/2023	Common Stock	12,7
Incentive Stock Option	\$ 8.65	09/06/2017		М	2,207	(2)	01/10/2023	Common Stock	2,2
Non-Qualified Stock Option	\$ 19.59	09/06/2017		М	10,937	(3)	01/16/2024	Common Stock	10,9
Incentive Stock Option	\$ 19.59	09/06/2017		М	313	(3)	01/16/2024	Common Stock	31

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Bozigian Haig P. 12780 EL CAMINO REAL SAN DIEGO, CA 92130			Chief Development Officer				
Signatures							
/s/Darin Lippoldt, Attorney-In-Fact		09/08/2017					

\*\*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.

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(2) Options granted January 10, 2013 and vested monthly over four years.

(3) Options granted January 16, 2014 and vests monthly over four years.

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.