

NEUROCRINE BIOSCIENCES INC  
Form 4  
January 21, 2014

**FORM 4**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
OBrien Christopher Flint

2. Issuer Name and Ticker or Trading Symbol  
NEUROCRINE BIOSCIENCES INC [NBIX]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
12780 EL CAMINO REAL  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
01/16/2014

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
CHIEF MEDICAL OFFICER

SAN DIEGO, CA 92130

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 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 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Ownership (Instr. 4) |     |       |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|-----|-------|
|                                 |                                      |  |                                | (A) or (D)  | Code  | V  | Amount                            | (D) | Price |

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.**

SEC 1474  
(9-02)

**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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | 4. Transaction Code | 5. Number of Derivative Securities | 6. Date Exercisable and Expiration Date (Month/Day/Year) | 7. Title and Amount of Underlying Security (Instr. 3 and 4) |
|--|---------------------------|--------------------------------------|-----------------------------------|---------------------|------------------------------------|--|---|
|--|---------------------------|--------------------------------------|-----------------------------------|---------------------|------------------------------------|--|---|

Edgar Filing: NEUROCRINE BIOSCIENCES INC - Form 4

|                             | Price of Derivative Security | (Month/Day/Year) | (Instr. 8) | Acquired (A) or Disposed of (D)<br>(Instr. 3, 4, and 5) | Code | V | (A)    | (D) | Date Exercisable | Expiration Date | Title        |
|-----------------------------|------------------------------|------------------|------------|---|------|---|--------|-----|------------------|-----------------|--------------|
|                             |                              |                  |            |   |      |   |        |     |                  |                 |              |
| STOCK OPTION <sup>(1)</sup> | \$ 19.59                     | 01/16/2014       |            |   | A    |   | 86,000 |     | 02/16/2014       | 01/16/2024      | COMMON STOCK |
| RESTRICTED STOCK UNIT       | <sup>(2)</sup>               | 01/16/2014       |            |   | A    |   | 14,000 |     | <sup>(3)</sup>   | <sup>(3)</sup>  | COMMON STOCK |
| RESTRICTED STOCK UNIT       | <sup>(2)</sup>               | 01/16/2014       |            |   | A    |   | 75,000 |     | <sup>(4)</sup>   | 01/16/2019      | COMMON STOCK |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                       |       |
|---|---------------|-----------|-----------------------|-------|
|   | Director      | 10% Owner | Officer               | Other |
| OBrien Christopher Flint<br>12780 EL CAMINO REAL<br>SAN DIEGO, CA 92130 |               |           | CHIEF MEDICAL OFFICER |       |

## Signatures

/s/ Margaret E. Valeur-Jensen, By Power of Attorney

01/21/2014

\_\_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).

(1) Represents option of which 1/48th of the shares underlying the option becomes vested and exercisable on February 16, 2014, an additional 1/48th of the shares underlying the option becomes vested and exercisable each month thereafter.

(2) Each restricted stock unit represents a contingent right to receive one share of Neurocrine Common Stock.

(3) The restricted stock units will vest annually at 1/4 of the units vesting on January 16, 2015, January 16, 2016, January 16, 2017, and January 16, 2018

(4) 50,000 of these restricted stock units will vest upon the Company achieving the primary endpoint in a U.S. Food and Drug Administration ("FDA") approved Phase 3 study, while the remaining 25,000 restricted stock units will vest upon the Company obtaining FDA approval of a New Drug Application. The vesting provisions of these RSU are exclusive of the elagolix program.

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.