Edgar Filing: ABERNETHY MATT - Form 4

ABERNETHY M	ATT								
Form 4									
February 07, 2018	3								
FORM 4									PPROVAL
	UNITED	STATES		RITIES A shington			COMMISSIO	N OMB Number:	3235-0287
Check this box									January 31,
if no longer subject to Section 16. Form 4 or	STATEN	1ENT OF	F CHAN	Expires: Estimated burden hou response.	urs per				
Form 5 obligations may continue. <i>See</i> Instruction 1(b).	nge Act of 1934, of 1935 or Secti 940								
(Print or Type Respor	ises)								
1. Name and Address of Reporting Person <u>*</u> ABERNETHY MATT			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer			
			NEUROCRINE BIOSCIENCES INC [NBIX]				(Check all applicable)		
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/05/2018			Director 10% Owner X_ Officer (give title Other (specify below) below)			
(Street)			02/03/2018			Chief Financial Officer			
			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)		
SAN DIEGO, CA	A 92130				-,		_X_ Form filed by	y One Reporting P More than One R	
(City) (S	State)	(Zip)	Tab	le I - Non-l	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D		Date, if TransactionAcquired (A) or Code Disposed of (D) ny/Year) (Instr. 8) (Instr. 3, 4 and 5)		(A) or of (D) and 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)		
Reminder: Report on	a separate line	for each cla	ass of secu	urities bene	ficially own	ed directly	or indirectly.		
					inform require	ation cont ed to respo ys a curre	spond to the colle ained in this form ond unless the fo ntly valid OMB co	n are not rm	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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired or Dispose (D) (Instr. 3, 4 and 5)	ed of				
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Unit	(1)	02/05/2018		А	12,250		(2)	03/15/2021	Common Stock	12,250
Restricted Stock Unit	<u>(1)</u>	02/05/2018		А	12,250		(3)	02/05/2020	Common Stock	12,250

Reporting Owners

Reporting Owner Name / Address	Relationships							
I O	Director	10% Owner	Officer	Other				
ABERNETHY MATT 12780 EL CAMINO REAL SAN DIEGO, CA 92130			Chief Financial Officer					
Signatures								
/s/ Darin Lippoldt, Attorney-in-Fact		02/07/2018						
**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) Each Restricted Stock Unit represents a contingent right to receive one share of the Neurocrine Common Stock.
- (2) A portion of this grant will vest upon FDA approval of opicapone within a specified time period, and portions of this grant will vest upon achievement of specified revenue milestones within a specified time period.

Performance Restricted Stock Units ("PRSU") will vest upon the date the Company has achieved both (1) obtaining positive pivotal(3) clinical trial data for the treatment of Tourette syndrome with valbenazine and (2) FDA acceptance of a New Drug Application for the treatment of Tourette syndrome with valbenazine.

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.