

# INTRA-CELLULAR THERAPIES, INC.

# Reported by **HINELINE LAWRENCE J.**

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 02/20/20 for the Period Ending 02/18/20

Address 430 EAST 29TH STREET

NEW YORK, NY, 10016

Telephone 212-923-3344

CIK 0001567514

Symbol ITCI

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Hineline La	wrence J.			In	tra-	-Cellul	ar The	rapi	ies, I	nc. [ 17	CI]			incable)	100		
(Last	) (First	(First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner  X Officer (give title below) Other (specify below)				
C/O INTRA				ES,			2/1	8/20	)20				/P of Finan		., 0.	iiei (speeii)	,
INC., 430 E	AST 29T		ET	4					1.57				T 11 1 1	T : ./G	D.11.		
	(Stre	eet)		4.	lf Ar	nendmei	nt, Date (	)rıgır	ial Fi	led (MM/E	D/YYYY	6.	Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
NEW YORI	<b>X, NY 10</b> 0 (Sta		)									X	_Form filed by		ting Person One Reporting I	erson	
		ŗ	Table I - I	Non-Dei	ivat	ive Secu	rities A	quir	ed, D	isposed (	of, or B	enefi	cially Owne	ed			
1. Title of Security (Instr. 3)				rans. Date			3. Trans. C (Instr. 8)	ode	or Dis			Follov	ount of Securitiving Reported T 3 and 4)			6. Ownership Form:	Beneficial
							Code	V	Amoi	(A) or (D)	r Price						Ownership (Instr. 4)
	Tab	ole II - Deri	ivative Se	curities	Ben	eficially	Owned	(e.g.,	puts	, calls, wa	arrants	, opti	ons, conver	tible secu	urities)	•	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date		7. Title a Securitie Derivativ (Instr. 3	es Unde ve Secu	erlying ırity	Derivative Security	9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	N	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Option (right to buy)	\$23.94	2/18/2020		A		25082		1	(1)	2/17/2020	Commo Stock		25082	\$0.00	25082	D	
Restricted Stock Units	<u>(2)</u>	2/18/2020		A		31328		<u>(</u>	<u>(3)</u>	(3)	Commo Stock		31328	\$0.00	31328	D	

### **Explanation of Responses:**

- (1) On February 18, 2020, the reporting person was granted options to purchase 25,082 shares of common stock, vesting in three equal annual installments beginning on the first anniversary of the grant date.
- (2) Each restricted stock unit represents a contingent right to receive one share of common stock.
- (3) On February 18, 2020, the reporting person was granted 31,328 restricted stock units, vesting in three equal annual installments beginning on the first anniversary of the grant date.

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Hineline Lawrence J. C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET NEW YORK, NY 10016			SVP of Finance CFO				

#### **Signatures**

/s/ Lawrence J. Hineline, Attorney-in-fact 2/20/2020

\*\*\*Signature of Reporting Person

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 control number.