

INTRA-CELLULAR THERAPIES, INC.

Reported by HALSTEAD MICHAEL

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

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

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)				
Halstead Mi	chael									nc. [IT		Director	,	100/	Owner	
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below)				
C/O INTRA-CELLULAR THERAPIES,							2/1	8/20	20		EVP and Ger	ieral Cou	insel			
INC., 430 E	AST 29T	H STRE	ET													
	(Stre	eet)		4. I	f An	nendmer	nt, Date C)rigir	nal Fi	led (MM/D	D/YYYY)	6. Individual of	or Joint/G	roup Filing	(Check Appl	icable Line)
NEW YORK, NY 10016 (City) (State) (Zip)												X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table I - N	lon-Der	ivat	ive Secu	ırities Ac	quir	ed, D	isposed o	of, or Be	neficially Own	ed			
1. Title of Security (Instr. 3) 2. Trans. D					2A. Deemed Execution Date, if any 3. Trans (Instr. 8)			or Disposed of (D) (Instr. 3, 4 and 5)) ` 1	5. Amount of Securiti Following Reported T (Instr. 3 and 4)			Ownership of Ind Form: Benef	7. Nature of Indirect Beneficial Ownership
							Code	V	Amou	(A) or	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
	Tak	ole II - Der	ivative Sec	curities l	Ben	eficially	Owned	(e.g.,	puts,	, calls, wa	arrants,	options, conver	tible sec	urities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	Derivati		e Securities (A) or of (D)	Date Exercisable and Expiration Date			Underlying e Security	Derivative Security	9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security	_		Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	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		26754		(1)	2/17/2020	Commo Stock	n 26754	\$0.00	26754	D	
Restricted Stock Units	<u>(2)</u>	2/18/2020		A		33417		(<u>(3)</u>	<u>(3)</u>	Commo Stock	n 33417	\$0.00	33417	D	

Explanation of Responses:

- (1) On February 18, 2020, the reporting person was granted options to purchase 26,754 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 33,417 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				
Halstead Michael C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET NEW YORK, NY 10016			EVP and General Counsel					

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.