

INTRA-CELLULAR THERAPIES, INC.

Reported by RIGGS RORY B

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/15/24 for the Period Ending 06/18/19

Address 135 ROUTE 202/206

BEDMINSTER, NJ, 07921

Telephone (646) 440-9333

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).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL

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

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)					
RIGGS ROI	RY B			In	tra-	-Cellu	lar Ther	api	es, I	nc. [I	ГСI]			,			
(Last)	(First) (Mic	ddle)	3. I	Date of Earliest Transaction (MM/DD/YYYY)						X_ Director10% Owner Officer (give title below) Other (specify below)						
C/O INTRA			IERAPI	IES,			6/18	8/20	19								
INC., 135 R	OUTE 20	2/206															
	(Stre	et)		4. I	f An	nendme	nt, Date O	rigin	al Fil	ed (MM/I	DD/YYYY) 6	5. Individual o	r Joint/G	roup Filing	(Check Appl	icable Line)
BEDMINST	ER, NJ 0	7921											X Form filed by		ting Person One Reporting I	Danaan	
(0	City) (Sta	te) (Zip)										Form filed by	More man	one Reporting i	CISOII	
			Non-Der	Date 2A. Deemed		3. Trans. Code (Instr. 8) (I		4. Sec or Dis (Instr.			5. A Foll	Amount of Securities Beneficially Owned ollowing Reported Transaction(s) Instr. 3 and 4) 6. 7. Nature Ownership of Indirect Form: Beneficial			of Indirect Beneficial Ownership		
Common Stock			6.	5/18/2019			M		14,1	89 A	(1)				131,297	D	
	Tab	le II - Deri	ivative Se	ecurities 1	Ben	eficially	Owned (e.g.,	puts,	calls, w	arrants,	, op	tions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	Code	e Derivativ		ve Securities and d (A) or d of (D)		Expiration Date So		Securitie Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date Exer	cisable	Expiration Date	n Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Restricted Stock Units	(1)	6/18/2019		M			14,189		<u>(2)</u>	(2)	Commo Stock		14,189	\$0	0	D	

Explanation of Responses:

- (1) Each restricted stock unit represents a contingent right to receive one share of common stock.
- (2) On June 18, 2018, the reporting person was granted 14,189 restricted stock units, vesting on the first anniversary of the grant date (June 18, 2019).

This Form 4 is being filed to report the vesting on June 18, 2019 of previously reported restricted stock units. This transaction is being reported late due to an inadvertent administrative error.

Reporting Owners

reporting owners							
Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director 10% Owner Office		Officer	Other			
RIGGS RORY B							
C/O INTRA-CELLULAR THERAPIES, INC.	X						
135 ROUTE 202/206							
BEDMINSTER, NJ 07921			i !	i			

/s/ John P. C	ondon, Attorney-in-fact	10/15/202
**		

**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.