INTERCEPT PHARMACEUTICALS INC Form S-1 October 01, 2013

As filed with the Securities and Exchange Commission on October 1, 2013

Registration No. 333-

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

# FORM S-1

REGISTRATION STATEMENT UNDER THE SECURITIES ACT OF 1933

# INTERCEPT PHARMACEUTICALS, INC.

(Exact name of Registrant as specified in its charter)

Delaware (State or other jurisdiction of incorporation or organization) 2834 (Primary Standard Industrial Classification Code Number) 22-3868459 (I.R.S. Employer Identification Number)

18 Desbrosses Street New York, NY 10013 (646) 747-1000

(Address, including zip code, and telephone number, including area code, of Registrant s principal executive offices)

# Mark Pruzanski, M.D. President and Chief Executive Officer Intercept Pharmaceuticals, Inc. 18 Desbrosses Street New York, NY 10013 (646) 747-1000

(Name, address, including zip code, and telephone number, including area code, of agent for service)

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**Approximate date of commencement of proposed sale to the public:** As soon as practicable after the effective date of this registration statement.

If any of the securities being registered on this Form are to be offered on a delayed or continuous basis pursuant to Rule 415 under the Securities Act of 1933, check the following box. o

If this Form is filed to register additional securities for an offering pursuant to Rule 462(b) under the Securities Act, please check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering.

If this Form is a post-effective amendment filed pursuant to Rule 462(c) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering. o

If this Form is a post-effective amendment filed pursuant to Rule 462(d) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering. o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of large accelerated filer, accelerated filer and smaller reporting

Mark Pruzanski, M.D. President and Chief Executive Officer Intercept Pharmaceuticals, Inc. 18 Desbrosse Street

company in Rule 12b-2 of the Exchange Act.

Non-accelerated Filer x

Large accelerated filer o Accelerated filer o

(Do not check if a smaller reporting company)

Smaller reporting company o

The Registrant is an emerging growth company, as defined in Section 2(a) of the Securities Act. This registration statement complies with the requirements that apply to an issuer that is an emerging growth company.

# **CALCULATION OF REGISTRATION FEE**

Title of each class of securities to be registered

Common Stock, par value \$0.001 per share

 $\begin{array}{ll} Proposed & Amount of \\ Maximum & Registration \\ Aggregate & Fee^{(3)} \end{array}$ 

\$ 115,000,000 \$ 14,812

- (1) Includes shares that the underwriter has the option to purchase.
- (2) Estimated solely for purposes of calculating the registration fee in accordance with Rule 457(o) under the Securities Act of 1933.
- (3) Calculated pursuant to Rule 457(o) based on an estimate of the proposed maximum aggregate offering price.

The Registrant hereby amends this registration statement on such date or dates as may be necessary to delay its effective date until the Registrant shall file a further amendment which specifically states that this registration statement shall thereafter become effective in accordance with Section 8(a) of the Securities Act of 1933 or until the registration statement shall become effective on such date as the Commission, acting pursuant to such Section 8(a), may determine.

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The information in this preliminary prospectus is not complete and may be changed. We may not sell these securities until the registration statement filed with the Securities and Exchange Commission is effective. This preliminary prospectus is not an offer to sell these securities and it is not soliciting an offer to buy these securities in any jurisdiction where the offer or sale is not permitted.

Subject to Completion
Preliminary Prospectus dated October 1, 2013

### **PROSPECTUS**

Shares

### **Common Stock**

The selling stockholders identified in this prospectus are offering shares of our common stock. We will not receive any proceeds from the sale of shares to be offered by the selling stockholders.

Our shares trade on the Nasdaq Global Market under the symbol ICPT. On September 30, 2013, the last sale price of our common stock as reported on the Nasdaq Global Market was \$69.03 per share.

Investing in our common stock involves risks that are described in the Risk Factors section beginning on page 10 of this prospectus.

We are an emerging growth company and are subject to reduced public company reporting requirements. See Prospectus Summary Implications of Being an Emerging Growth Company.

	Per Share	<u>Total</u>
Public offering price	\$	\$
Underwriting discount <sup>(1)</sup>	\$	\$
Proceeds, before expenses, to the selling stockholders	\$	\$

(1) See Underwriting for additional compensation details. The underwriter may also exercise its option to purchase up to an additional shares of our common stock from the selling stockholders at the public offering price, less the underwriting discount, for 30 days after the date of this prospectus.

Neither the Securities and Exchange Commission nor any state securities commission has approved or disapproved of these securities or determined if this prospectus is truthful or complete. Any representation to the contrary is a criminal offense.

The shares will be ready for delivery on or about , 2013.

# **BofA Merrill Lynch**

The date of this prospectus is

, 2013.

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You should rely only on the information contained or otherwise incorporated by reference in this prospectus and any free writing prospectus prepared by or on behalf of us or to which we have referred you. Neither we, the selling stockholders nor the underwriter have authorized anyone to provide you with information that is different. The selling stockholders are offering to sell, and seeking offers to buy, shares of common stock only in jurisdictions where offers and sales are permitted. The information contained in this prospectus, any free writing prospectus, or any document incorporated by reference herein is accurate only as of its date, regardless of the time of delivery of this prospectus or of any sale of common stock. To the extent there is a conflict between the information contained in this prospectus and the information contained in any document incorporated by reference herein filed prior to the date of this prospectus, you should rely on the information in this prospectus; provided that if any statement in one of these documents is inconsistent with a statement in another document having a later date—for example, a document incorporated by reference in the prospectus—the statement in the document having the later date modifies or supersedes the earlier statement.

It is important for you to read and consider all information contained in this prospectus, including the documents incorporated by reference herein, in making your investment decision. You should also read and consider the information in the documents to which we have referred you in the sections entitled Where You Can Find More Information and Incorporation of Documents by Reference in this prospectus.

For investors outside of the United States: neither we, the selling stockholders nor the underwriter have done anything that would permit this offering or possession or distribution of this prospectus in any jurisdiction where action for that purpose is required, other than in the United States. You are required to inform yourselves about and to observe any restrictions relating to this offering and the distribution of this prospectus.

We further note that the representations, warranties and covenants made by us or the selling stockholders in any agreement that is filed as an exhibit to the registration statement of which this prospectus is a part or to any document that is incorporated by reference herein were made solely for the benefit of the parties to such agreement, including, in some cases, for the purpose of allocating risk among the parties to such agreements, and should not be deemed to be a

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representation, warranty or covenant to you. Moreover, such representations, warranties or covenants were accurate only as of the date when made. Accordingly, such representations, warranties and covenants should not be relied on as accurately representing the current state of our affairs or the affairs of any selling stockholder.

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# PROSPECTUS SUMMARY

This summary provides an overview of selected information contained elsewhere in this prospectus or incorporated by reference into this prospectus from our Annual Report on Form 10-K for the year ended December 31, 2012 and our other filings with the Securities and Exchange Commission listed in the section of this prospectus entitled Incorporation of Documents by Reference and does not contain all of the information you should consider before investing in our common stock. You should carefully read this prospectus, the registration statement of which this prospectus is a part and the information incorporated by reference herein in their entirety before investing in our common stock, including the information discussed under Risk Factors in this prospectus and in our Annual Report on Form 10-K for the year ended December 31, 2012 and our subsequent periodic and current reports filed with the Securities and Exchange Commission incorporated by reference herein, along with our consolidated financial statements and notes thereto that are incorporated by reference herein. Unless otherwise indicated herein, the terms we, our, us, or the Company refer to Intercept Pharmaceuticals, Inc. and its wholly-owned subsidiary.

# **Overview**

We are a biopharmaceutical company focused on the development and commercialization of novel therapeutics to treat chronic liver diseases utilizing our expertise in bile acid chemistry. Our product candidates have the potential to treat orphan and more prevalent liver diseases for which there currently are limited therapeutic solutions.

# **Our Lead Product Candidate**

Our lead product candidate, obeticholic acid, or OCA, is a bile acid analog, a chemical substance that has a structure based on a naturally occurring human bile acid. OCA is a first-in-class product candidate that selectively binds to and induces activity in the farnesoid X receptor, or FXR, which we believe has broad liver-protective properties. We are developing OCA initially for primary biliary cirrhosis, or PBC, as a second line treatment for patients who have an inadequate response to or who are unable to tolerate standard of care therapy and therefore need additional treatment. PBC is a chronic autoimmune liver disease that, if inadequately treated, may eventually lead to cirrhosis, liver failure and death. We are conducting a Phase 3 clinical trial of OCA in PBC, which we call the POISE trial, that we anticipate will serve as the basis for seeking regulatory approval in the United States and Europe. In December 2012, we completed enrollment of the POISE trial approximately three months ahead of schedule with 217 patients, exceeding the originally targeted number of patients by approximately 20% and thereby improving the statistical power of the trial from 90% to 95%. We currently expect results from the POISE trial to be available in the second quarter of 2014. OCA has received orphan drug designation in the United States and Europe for the treatment of PBC.

We own worldwide rights to OCA outside of Japan and China, where we have exclusively licensed the compound to Dainippon Sumitomo Pharma, or DSP, and granted it an option to exclusively license OCA in certain other Asian countries. Patents covering the composition of matter for OCA expire in 2022, before any patent term adjustments or patent term extensions. Our current plan is to commercialize OCA in the United States and Europe ourselves for the treatment of PBC by targeting a limited and focused group of specialist physicians.

The liver performs many essential functions that are crucial for survival, including the regulation of bile acid metabolism. Bile acids are natural detergent-like emulsifying agents that are released from the gallbladder into the intestine when food is ingested, and are essential for the absorption of dietary cholesterol and other nutrients. In the past decade, we have learned that bile acids are also complex signaling molecules that integrate metabolic and

immune pathways involved in the healthy functioning of various tissues and organs. The biological effects of bile acids are mediated through dedicated receptors such as FXR, a nuclear receptor that regulates bile acid synthesis and clearance from the liver, thereby preventing excessive bile acid build-up in the liver, which may be toxic. In addition, bile acid activation of FXR induces anti-fibrotic, anti-inflammatory and other mechanisms that are necessary for the normal regeneration of the liver. Based on the discovery of similar FXR-mediated protective mechanisms in other organs exposed to bile acids, we believe that FXR may also be a potential target for the treatment of a number of intestinal, kidney and other diseases.

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PBC is a rare liver disease that primarily results from autoimmune destruction of the bile ducts that transport bile acids out of the liver. The disease causes a toxic build-up of bile acids in the liver, resulting in progressive liver damage marked by chronic inflammation and fibrosis, or scarring. In response to the bile acid mediated toxicity seen in PBC, liver cells release alkaline phosphatase, or ALP, a liver enzyme that is a key biomarker of the disease pathology. Elevated blood levels of ALP are used as the primary means of diagnosis of PBC and are closely monitored in patients as the most important indicator of treatment response and prognosis.

The only approved drug for the treatment of PBC is ursodeoxycholic acid, which is available generically as ursodiol. Ursodiol is a naturally occurring bile acid found in small quantities in humans, and is the least detergent of the various types of bile acids that make up the bile pool. Its primary mechanism of action at therapeutic doses is to dilute more detergent bile acids, but it has no known pharmacological effects mediated by FXR or other bile acid receptors. Although ursodiol is the established standard of care for the treatment of PBC, studies have shown that up to 50% of PBC patients fail to respond adequately to treatment, meaning that they continue to be at significant risk of progressing to liver failure even with treatment. The outlook and treatment options for end-stage PBC patients who fail to respond to ursodiol are limited, and include liver transplant, which is associated with significant complications and costs. Patients typically need to take approximately one gram of ursodiol daily in divided doses, which we believe presents a compliance challenge for some patients. Given this issue, coupled with ursodiol s limited efficacy in up to 50% of PBC patients, we believe that there is a significant unmet need for a novel second line therapy in PBC. We believe that OCA has the potential to provide significant benefits in the treatment of PBC, including efficacy, pharmacological activity and ease of use.

According to industry data, there are approximately 300,000 people with PBC in developed countries, of whom we believe approximately 60,000 have been diagnosed and are on ursodiol therapy. Based on this estimate, we believe there are up to 30,000 PBC patients who may currently be eligible for treatment with OCA. With increasing identification of PBC through routine liver function testing in primary care, we believe that there may be significantly more patients who will potentially be eligible for, and be interested in, receiving a new therapy if it becomes available on the market.

We have previously completed two randomized, placebo-controlled Phase 2 trials of OCA in PBC patients, one with OCA in combination with ursodiol and one with OCA as monotherapy. The results demonstrated that, over a 12-week period, single daily doses of OCA at the lowest dose of 10 milligrams (mg) met the primary endpoint in both Phase 2 trials, producing statistically significant reductions in ALP levels of greater than 20%. We consider reductions in ALP levels of greater than 10% to be a clinically meaningful improvement. Pruritus, or itching, a very common symptom in PBC patients, was the most common adverse event reported in our Phase 2 trials, with severity increasing with dose.

Our Phase 3 POISE trial has been designed to study the safety and efficacy of OCA in PBC patients with an inadequate therapeutic response to ursodiol or who are unable to tolerate ursodiol. The primary endpoint of the 12-month double-blind portion of the POISE trial is the achievement of both an ALP level of less than 1.67 times upper limit normal, or ULN, with a minimum 15% reduction in ALP level from baseline, and a normal bilirubin level, as compared to placebo. Patients with ALP and bilirubin levels within these thresholds have been shown in long-term studies to be at significantly lower risk of progressing to liver transplant and death.

We are advancing a once daily 10 mg dose of OCA in the POISE trial as our potential approvable dose. We completed an intention to treat analysis for the 10 mg dose groups in our two Phase 2 trials that was limited to those patients who would have met the POISE trial entry criteria. This analysis demonstrated that after 12 weeks of treatment, approximately 40% to 45% of OCA-treated patients would have met the POISE trial primary endpoint, as compared to 5% to 9% of the placebo-treated patients. In addition, 80% of OCA-treated patients across our Phase 2 trials had a reduction in ALP levels of at least 10%, as compared to 13% of placebo-treated patients.

If the POISE trial is successful, we currently intend to submit a New Drug Application, or NDA, to the U.S. Food and Drug Administration, or FDA, for approval of OCA for the treatment of PBC in the United States and a Marketing Authorization Application, or MAA, to the European Medicines Agency, or EMA, for

approval in Europe, by the end of 2014. Based on written scientific advice from the EMA, we believe that the EMA will accept our current clinical program as the basis for considering approval of OCA for PBC. With respect to the FDA, we intend to request an accelerated approval of our NDA for OCA based on the use of the POISE trial primary endpoint as a surrogate endpoint that is reasonably likely to predict clinical benefit. If the FDA grants an accelerated approval of our NDA for OCA, we will be required to conduct one or more additional clinical trials post-approval to verify and confirm the clinical benefit predicted by achievement of the surrogate endpoint. This clinical outcomes trial must satisfy the FDA a definition of an adequate and well-controlled trial and is expected to be substantially underway at the time the FDA grants accelerated approval, with completion to follow after receiving accelerated approval. Although the FDA has not confirmed our use of a surrogate endpoint in the POISE trial as a basis for regulatory approval, we are in discussions with the FDA about the design of the clinical outcomes trial and plan to initiate it during the first half of 2014.

A number of published clinical studies have demonstrated that lower levels of ALP, both independently or in conjunction with normal bilirubin levels, correlate with a significant reduction in adverse clinical outcomes such as liver transplant and death. We believe that one of the key factors in the FDA s potential acceptance of our POISE trial primary endpoint as a basis for approval will be the result of additional analysis of the already available PBC clinical outcomes data. We believe that the Global PBC Study Group that we are sponsoring, which is anticipated to involve a dataset of more than 4,000 PBC patients from 15 academic centers in eight countries, and the UK-based PBC research cohort, involving a dataset of over 2,300 PBC patients from every hospital in the UK, represent the largest PBC clinical datasets assembled to analyze the correlation of biochemical therapeutic response with clinical outcomes in PBC patients. We further believe that the analyses already available confirm the results recently published, or made available to us, by four different members of the Global PBC Study Group (the University of Toronto, Mayo Clinic, University of Paris and Erasmus MC (Rotterdam)). These groups have all independently corroborated that the achievement of an ALP level of less than 1.67 times ULN, together with a normal bilirubin level, correlate with a statistically significant reduction of risk of adverse clinical outcomes such as liver transplant and death.

# **Additional Pipeline Opportunities Beyond OCA in PBC**

In addition to PBC, we are pursuing other indications in our OCA development program, including portal hypertension, nonalcoholic steatohepatitis, or NASH, and bile acid diarrhea. The pipeline chart below shows the current stage of development of OCA for these indications, as well as the preclinical programs for our other product candidates.

\* An agonist is a substance that binds to a receptor of a cell and triggers a response by that cell.

We are currently conducting an open label Phase 2a trial of OCA in patients with portal hypertension, studying once-daily doses of 10 mg and 25 mg, and we presented results from the 10 mg dose group of this trial at the annual meeting of the American Association for the Study of Liver Diseases in November 2012. There are currently no approved therapies for the treatment of portal hypertension, although beta blockers are commonly used to treat patients.

In addition, OCA is currently being tested in a Phase 2b trial for the treatment of NASH, known as the FLINT trial, which is sponsored by the U.S. National Institute of Diabetes and Digestive and Kidney Diseases, or NIDDK, in collaboration with us. In November 2012, the NIDDK completed enrollment, achieving the target of 280 patients for this trial. Based on the interim analysis that was completed in June 2012, the NIDDK decided to continue this Phase 2b trial and we anticipate that final results will be available in the fourth quarter of 2014. In addition, our collaborator, DSP, has initiated a second Phase 2 NASH trial in Japan, with a targeted enrollment of 200 patients, that is anticipated to be completed in the first half of 2016. There are currently no approved therapies for the treatment of NASH.

In addition, investigators at the Imperial College of London initiated enrollment in July 2012 in an open label Phase 2a trial of OCA as a treatment for bile acid diarrhea, which we refer to as the OBADIAH trial, and presented initial results in patients with primary bile acid diarrhea at the 2013 Digestive Diseases Week annual meeting in May 2013. We expect final results from this trial will be available in the fourth quarter of 2013.

By virtue of our patent portfolio and the proprietary know-how of our employees and our collaborators at the University of Perugia, we believe that we hold a leading position in the bile acid chemistry therapeutic field. Through a longstanding collaboration with Professor Roberto Pellicciari, Ph.D., one of our co-founders, and certain scientists in the medicinal chemistry group at the University of Perugia, we have gained the capability to rationally design compounds that bind selectively and potently to FXR and other bile acid receptors. Starting with OCA, which was invented by Professor Pellicciari and, together with its underlying patents, was assigned to us under our agreements with him and the University of Perugia, our collaboration has resulted in a pipeline of bile acid analogs in addition to OCA, which target both FXR and a second dedicated bile acid receptor called TGR5, a target of interest for the treatment of type 2 diabetes and associated metabolic diseases. We intend to continue developing these and other product candidates as we advance our pipeline, in some cases subject to the procurement of additional funding or through strategic collaborations.

# **Recent Developments and Business Updates**

# Interactions with the U.S. Food and Drug Administration

We intend to request an accelerated approval of our NDA for OCA based on the use of the POISE trial primary endpoint as a surrogate endpoint that is reasonably likely to predict clinical benefit. If the FDA grants an accelerated approval of our NDA for OCA, we will be required to conduct one or more additional clinical trials post-approval to verify and confirm the clinical benefit predicted by achievement of the surrogate endpoint. This clinical outcomes trial must satisfy the FDA s definition of an adequate and well-controlled trial and is expected to be substantially underway at the time the FDA grants accelerated approval, with completion to follow after receiving accelerated approval. We intend to continue our discussions with the FDA around the analyses of the Global PBC Study Group and the use of such data in the design of our clinical outcomes trial, which we plan to initiate during the first half of 2014. We currently intend to submit an NDA and an MAA for OCA in PBC by the end of 2014.

# 2013 Meeting of the American Association for the Study of Liver Disease (AASLD)

On October 1, 2013, we announced that two analyses by the Global PBC Study Group have been accepted for oral presentation at the AASLD meeting taking place November 1 5, 2013 in Washington, D.C. Data from over 3,895 PBC patients collected and pooled by an independent group of 15 academic medical centers across eight countries have been analyzed by the Global PBC Study Group. These analyses are expected to further confirm that the surrogate biochemical endpoint used in the POISE trial (i.e., ALP <1.67 times ULN and normal bilirubin) is strongly predictive of adverse clinical outcomes in PBC patients.

# **Our Strategy**

Our strategy is to develop and commercialize novel therapeutics for patients with chronic liver and other diseases, beginning with OCA for the second line treatment of PBC and other follow-on indications that we believe are underserved by existing therapies. The key elements of our strategy are to:

complete the development of OCA for its lead indication, PBC; obtain regulatory approval of OCA for the treatment of PBC in the United States, Europe and other countries; commercialize OCA in the United States, Europe and other countries, initially for the treatment of PBC; continue to develop OCA in other orphan and more prevalent liver and other diseases; and advance the earlier stage product candidates in our pipeline.

We may enter into strategic collaborations to implement our strategy.

# **Risks Relating to Our Business**

We are a development stage biopharmaceutical company, and our business and ability to execute our business strategy are subject to a number of risks of which you should be aware before you decide to buy our common stock. In particular, you should consider the following risks, which are discussed more fully in the section entitled Risk Factors in this prospectus and in our Annual Report on Form 10-K for the year ended December 31, 2012 and our subsequent periodic and current reports filed with the Securities and Exchange Commission incorporated by reference herein.

we have never been profitable, have no products approved for commercial sale and to date have not generated any revenue from product sales;

we will require substantial additional funding to complete the development and commercialization of OCA and to continue to advance the development of our other product candidates, and such funding may not be available on acceptable terms or at all;

OCA and/or our other product candidates may not receive regulatory approval in a timely manner or at all; the FDA may not agree to our proposed surrogate endpoint for accelerated approval of OCA for the treatment of PBC, in which case we would need to complete an additional Phase 3 trial in order to seek approval in the United States instead of being able to seek approval based on a clinical outcomes trial to be completed after accelerated approval; we may be subject to delays in our clinical trials, which could result in increased costs and delays or limit our ability to obtain regulatory approval for our product candidates;

because the results of earlier studies and clinical trials of our product candidates may not be predictive of future clinical trial results, our product candidates may not have favorable results in future clinical trials, which would delay or limit their future development;

we are in a highly competitive industry and face competition from existing and new treatments that may be more effective and less costly than our products;

we have never commercialized any of our product candidates and our products, even if approved, may not be accepted by healthcare providers or healthcare payors;

the failure of our collaborators to perform their obligations under our collaboration agreements may delay or otherwise harm the development and commercialization of our product candidates; and

we may be unable to maintain and protect our intellectual property assets, which could impair the advancement of our pipeline and commercial opportunities.

# Implications of Being an Emerging Growth Company

We qualify as an emerging growth company as defined in the Jumpstart Our Business Startups Act of 2012, or the JOBS Act. As an emerging growth company, we currently take advantage of reduced disclosure and other requirements that are otherwise applicable generally to public companies. These provisions include:

reduced disclosure about our executive compensation arrangements;

no non-binding advisory votes on executive compensation or golden parachute arrangements; and exemption from the auditor attestation requirement in the assessment of our internal control over financial reporting. We may take advantage of these exemptions until such time that we are no longer an emerging growth company. We would cease to be an emerging growth company on the date that is the earliest of (i) the last day of the fiscal year in which we have total annual gross revenues of \$1 billion or more; (ii) December 31, 2017; (iii) the date on which we have issued more than \$1 billion in nonconvertible debt during the previous three years; or (iv) the date on which we are deemed to be a large accelerated filer under the rules of the Securities and Exchange Commission. Accordingly, the information contained or incorporated by reference herein may be different than the information you receive from other public companies in which you hold stock.

# **Corporate Information**

We were incorporated in the State of Delaware on September 4, 2002. Our principal executive offices are located at 18 Desbrosses Street, New York, NY 10013, and our telephone number is (646) 747-1000. We also have an office in San Diego, CA. Our website address is *www.interceptpharma.com*. We have included our website address in this prospectus solely as an inactive textual reference, and the information contained on, or that can be accessed through, our website is not part of this prospectus.

All brand names or trademarks appearing in this prospectus and the documents incorporated by reference are the property of their respective holders. We own or have rights to trademarks or trade names that we use in connection with the operation of our business, including our corporate names, logos and website names.

# THE OFFERING

Common stock offered by the selling stockholders

shares

Common stock to be outstanding after this offering

19,261,799 shares. This offering will have no effect on the number of shares of our common stock outstanding. Option to purchase additional shares

The selling stockholders have granted the underwriter an option for a period of up to 30 days to purchase up to additional shares of common stock at the offering price.

Use of proceeds

We will not receive any proceeds from the sale of common stock by the selling stockholders in this offering. Risk factors

You should read the Risk Factors section of this prospectus, our Annual Report on Form 10-K for the year ended December 31, 2012 and our subsequent periodic and current reports filed with the Securities and Exchange Commission incorporated by reference herein for a discussion of factors to consider carefully before deciding to invest in shares of our common stock.

Nasdaq Global Market symbol

### **ICPT**

The number of shares of common stock to be outstanding after this offering is based on an aggregate of 19,261,799 shares outstanding as of September 16, 2013. The number of shares of our common stock outstanding immediately after this offering excludes:

1,563,496 shares of common stock issuable upon exercise of outstanding options as of September 16, 2013, at a weighted average exercise price of \$18.74 per share, of which 824,439 shares were vested as of such date;

restricted stock units for 134,569 shares of our common stock that were unvested as of September 16, 2013; 878,201 shares of common stock issuable upon the exercise of warrants outstanding as of September 16, 2013, at a weighted average exercise price of \$10.33 per share; and

481,714 shares of our common stock reserved for future issuance under our 2012 Equity Incentive Plan, or the 2012 Plan, plus any future increases in the number of shares of common stock reserved for issuance under the 2012 Plan pursuant to evergreen provisions.

Except as otherwise indicated, all information in this prospectus assumes no exercise by the underwriter of its option to purchase additional shares of our common stock from the selling stockholders.

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# SUMMARY CONSOLIDATED FINANCIAL DATA

The summary consolidated financial data presented below for the years ended December 31, 2010, 2011 and 2012 are derived from our audited consolidated financial statements incorporated by reference in this prospectus from our Annual Report on Form 10-K for the year ended December 31, 2012. The summary consolidated financial data presented below for the six months ended June 30, 2012 and 2013, and for the period from inception (September 4, 2002) to June 30, 2013 (required to be included since we are a development stage company), are derived from our unaudited financial statements incorporated by reference in this prospectus from our Quarterly Report on Form 10-Q for the quarter ended June 30, 2013. The unaudited consolidated financial statements have been prepared on the same basis as our audited consolidated financial statements and include, in the opinion of management, all adjustments necessary for a fair presentation of the financial information set forth in those statements.

Our historical results are not necessarily indicative of future operating results. You should read this summary consolidated financial data in conjunction with the sections entitled Risk Factors, Capitalization and Management s Discussion and Analysis of Financial Condition and Results of Operations and our consolidated financial statements and related notes, all included elsewhere or incorporated by reference in this prospectus. For more details on how you can obtain the documents incorporated by reference in this prospectus, see Where You Can Find More Information and Incorporation of Documents by Reference.

	Year Ended December 31,			Six Months Ended June 30,				Period From September 4, 2002			
	2010		2011		2012		2012		2013		(Inception) Through June 30, 2013
	(in thousands, except share and per share amounts)										
	(unaudited)					(unaudited)					
Statement of Operations Data:											
Licensing revenue	\$		\$1,805		\$2,446		\$1,518		\$811		\$5,062
Costs and expenses:											
Research and development	12,710		11,426		16,183		8,078		9,966		81,400
General and administrative	3,644		4,209		5,177		2,003		5,287		34,885
Total operating expenses	16,354		15,635		21,360		10,081		15,253		116,286
Other income (expense):											
Revaluation of warrants	672		1,045		(24,626	)	979		(9,255	)	(32,330)
Other income (expense), net	594		48		(104	)	(182	)	10		1,683
	1,266		1,093		(24,730	)	797		(9,245	)	(30,647)
Net loss	(15,088	)	(12,737	)	(43,643	)	(7,766	)	(23,687	)	(141,870)
Dividends on preferred stock, not declared	(2,901	)	(3,000	)	(2,630	)	(1,500	)			(10,944)
Net loss attributable to common stockholders	\$(17,989	)	\$(15,737	)	\$(46,273	)	\$(9,266	)	\$(23,687	)	\$(152,815)
Net loss per common share, basic and diluted:	\$(5.40	)	\$(4.73	)	\$(7.36	)	\$(2.78	)	\$(1.41	)	
	3,329,66	6	3,329,66	6	6,283,23	8	3,329,26	66	16,765,46	4	

Weighted average number of shares of common stock outstanding, basic and diluted:

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The following summary unaudited balance sheet data as of June 30, 2013 is presented:

	June 30, 2013 (unaudited) (In thousands)
Balance Sheet Data:	
Cash, cash equivalents and investment securities	\$ 161,799
Total assets	163,869
Working capital	156,299
Warrant liability, total	32,574
Deferred revenue, total	11,351
Total liabilities	47,597
Common and preferred stock	19
Additional paid-in capital	258,233
Accumulated deficit during development stage	(141,870 )
Total stockholders' equity	116,272

# **RISK FACTORS**

A purchase of shares of our common stock is an investment in our securities and involves a high degree of risk. You should carefully consider the risks and uncertainties and all other information contained in or incorporated by reference in this prospectus, including the risks and uncertainties discussed under Risk Factors in our Annual Report on Form 10-K for the year ended December 31, 2012 and our subsequent periodic and current reports filed with the Securities and Exchange Commission incorporated by reference herein. All of these risk factors are incorporated by reference herein in their entirety. If any of these risks actually occur, our business, financial condition and results of operations would likely suffer. In that case, the market price of our common stock could decline, and you may lose part or all of your investment in our company. Additional risks of which we are not presently aware or that we currently believe are immaterial may also harm our business and results of operations.

# Risks Relating to This Offering and Ownership of our Common Stock

We have a significant stockholder, which will limit your ability to influence corporate matters and may give rise to conflicts of interest.

Genextra S.p.A., together with its affiliates, whom we refer to collectively as Genextra, is our largest stockholder. As of September 16, 2013, Genextra owned 7,187,217 shares of our common stock and warrants to purchase an additional 865,381 shares of our common stock. The shares of common stock owned by Genextra represented approximately 37.3% of our outstanding common stock as of September 16, 2013. Following this offering, we anticipate that Genextra will own shares of common stock, or approximately % of our outstanding shares of common stock. Accordingly, Genextra exerts and will continue to exert significant influence over us and any action requiring the approval of the holders of our common stock, including the election of directors and amendments to our organizational documents, such as increases in our authorized shares of common stock, and approval of significant corporate transactions. This concentration of voting power makes it less likely that any other holder of common stock or directors of our business will be able to affect the way we are managed and could delay or prevent an acquisition of us on terms that other stockholders may desire. In addition, if Genextra obtains a majority of our common stock, Genextra would be able to control all matters submitted to our stockholders for approval, as well as our management and affairs. For example, Genextra would be able to control the election of directors, amendments to our organizational documents and approval of any merger, consolidation, sale of all or substantially all of our assets or other business combination or reorganization. In addition, if Genextra obtains a majority of our common stock, we would be deemed a controlled company for purposes of Nasdaq listing requirements. Under Nasdaq rules, a controlled company may elect not to comply with certain Nasdaq corporate governance requirements, including (i) the requirement that a majority of our board of directors consist of independent directors, (ii) the requirement that the compensation of our officers be determined or recommended to the board by a compensation committee that is composed entirely of independent directors, and (iii) the requirement that director nominees be selected or recommended to the board by a majority of independent directors or a nominating committee that is composed entirely of independent directors. Furthermore, the interests of Genextra may not always coincide with your interests or the interests of other stockholders and Genextra may act in a manner that advances its best interests and not necessarily those of other stockholders, including seeking a premium value for its common stock, and might affect the prevailing market price for our common stock. Our board of directors, which consists of seven directors, including two affiliated with Genextra, has the power to set the number of directors on our board from time to time.

A significant portion of our total outstanding shares of common stock is restricted from resale but may be sold into the market in the future. The sale of these shares could cause the market price of our common stock to drop significantly, even if our business is doing well.

Sales of a substantial number of shares of our common stock in the public market could occur in the future. This offering, any additional sales in the future, or the perception in the market that the holders of a large number of shares of common stock intend to sell shares, could reduce the market price of our common stock and could impair our ability to raise capital through the sale of additional equity securities. We are unable to predict the effect that sales may have on the prevailing market price of our common stock.

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As of September 16, 2013, we had 19,261,799 shares of common stock outstanding. Of these shares, an aggregate of 9,745,598 shares of our common stock, or 50.6% of our outstanding shares, were held by our officers, directors, beneficial owners of 5% or more of our securities (other than FMR LLC and its affiliates) and their respective affiliates, which may be sold subject to Rule 144. Following this offering, it is anticipated that our officers, directors, beneficial owners of 5% or more of our securities (other than FMR LLC and its affiliates) and their respective % of our outstanding shares. In addition, all affiliates will collectively hold shares of our common stock, or of our directors and officers and the selling stockholders are subject to lock-up agreements with the underwriter for this offering that restrict their ability to transfer shares of our common stock for 90 days from the date of this prospectus, subject to certain exceptions. The lock-up agreements limit the number of shares of common stock that may be sold immediately following the public offering. Subject to limitations, approximately become eligible for sale upon expiration of the lock-up period, as calculated and described in more detail in the section entitled Shares Eligible for Future Sale. In addition, shares issued or issuable upon conversion or exercise of vested options and other securities convertible or exercisable into common stock as of the expiration of the lock-up period will be eligible for sale at that time. Sales of stock by these stockholders could have a material adverse effect on the trading price of our common stock.

In addition, as of September 16, 2013, holders of an aggregate of 10,598,862 shares of our common stock, including shares underlying warrants held by Genextra and those offered by the selling stockholders under this prospectus, have rights, subject to certain conditions and the lock-up described above, to require us to file registration statements covering their shares or to include their shares in registration statements that we may file for ourselves or other stockholders. We also have registered 2,712,103 shares of common stock, a portion of which we have issued and a portion of which we may issue under our equity compensation plans. Once issued and vested, these shares of common stock can be freely sold in the public market. Any sales of securities by these stockholders, option holders and holders of other securities convertible or exercisable into common stock could have a material adverse effect on the trading price of our common stock.

# CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This prospectus and the documents incorporated by reference into it contain, in addition to historical information, certain information, assumptions and discussions that may constitute forward-looking statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this prospectus, including statements regarding our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans, objectives of management and expected market growth are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements.

The words anticipate, believe, estimate, expect, intend, may, plan, predict, project, target, poten should, continue, and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. These forward-looking statements include, among other things, statements about:

the accuracy of our estimates regarding expenses, future revenues and capital requirements; the initiation, cost, timing, progress and results of our development activities, preclinical studies and clinical trials; the timing of and our ability to obtain and maintain regulatory approval of obeticholic acid, or OCA, and any other product candidates we may develop, and any related restrictions, limitations, and/or warnings in the label of any approved product candidates;

our plans to research, develop and commercialize our future product candidates; our collaborators election to pursue research, development and commercialization activities; our ability to attract collaborators with development, regulatory and commercialization expertise; our ability to obtain and maintain intellectual property protection for our product candidates; our ability to successfully commercialize our product candidates; the size and growth of the markets for our product candidates and our ability to serve those markets; the rate and degree of market acceptance of any future products; the success of competing drugs that are or become available; regulatory developments in the United States and other countries; the performance of our third-party suppliers and manufacturers; our ability to obtain additional financing;

our use of the proceeds from our initial public offering in October 2012 and our follow-on offering in June 2013; our expectations regarding the time during which we will be an emerging growth company under the JOBS Act; the accuracy of our estimates regarding expenses, future revenues, capital requirements and the need for additional financing; and

our ability to attract and retain key scientific or management personnel.

These forward-looking statements are only predictions and we may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, so you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. We have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our business, financial condition and operating results. We have included important factors in the

cautionary statements included in this prospectus and other documents incorporated by reference herein, particularly under the heading Risk Factors, that could cause actual future results or events to differ materially from the forward-looking statements that we make. Our forward-looking statements do not reflect the potential impact of any future acquisitions, mergers, dispositions, joint ventures or investments we may make.

The forward-looking statements in this prospectus represent our views as of the date of this prospectus. We anticipate that subsequent events and developments will cause our views to change. However, while we may elect to update these forward-looking statements at some point in the future, we do not assume any obligation to update any forward-looking statements whether as a result of new information, future events or otherwise, except as required by applicable law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this prospectus.

# **Industry and Market Data**

This prospectus and the documents incorporated by reference herein contain estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. We obtained such industry and market data from our own research as well as from industry and general publications, surveys and studies conducted by third parties. This data involves a number of assumptions and limitations and contains projections and estimates of the future performance of the industries in which we operate that are subject to a high degree of uncertainty. We caution you not to give undue weight to such projections, assumptions and estimates. Further, industry and general publications, studies and surveys generally state that they have been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. While we believe that these publications, studies and surveys are reliable, we have not independently verified the data contained in them. In addition, while we believe that the results and estimates from our internal research are reliable, such results and estimates have not been verified by any independent source.

# **USE OF PROCEEDS**

We will not receive any proceeds from the sale of shares of common stock by the selling stockholders in this offering.

See Principal and Selling Stockholders.

# PRICE RANGE OF OUR COMMON STOCK

Our common stock has been listed on the Nasdaq Global Market since October 11, 2012 under the symbol ICPT. Prior to that date, there was no public market for our common stock. Shares sold in our initial public offering on October 10, 2012 were priced at \$15.00 per share.

On September 30, 2013, the closing price for our common stock as reported on the Nasdaq Global Market was \$69.03 per share. The following table sets forth the ranges of high and low sales prices per share of our common stock as reported on the Nasdaq Global Market for the period indicated. Such quotations represent inter-dealer prices without retail markup, markdown or commission and may not necessarily represent actual transactions.

Year Ended December 31, 2012	High	Low
Fourth quarter (from October 11, 2012)	\$ 35.99	\$ 17.96
Year Ended December 31, 2013	High	Low
First quarter	\$ 42.67	\$ 33.45
Second quarter	\$ 45.00	\$ 30.38
Third quarter	\$ 72.64	\$ 42.41

# **Stockholders**

As of September 20, 2013, there were 34 stockholders of record, which excludes stockholders whose shares were held in nominee or street name by brokers. The actual number of common stockholders is greater than the number of record holders, and includes stockholders who are beneficial owners, but whose shares are held in street name by brokers and other nominees. This number of holders of record also does not include stockholders whose shares may be held in trust by other entities.

# SELECTED FINANCIAL DATA

The following table sets forth our selected financial data for the periods and as of the dates indicated. You should read the following selected financial data in conjunction with our audited and unaudited financial statements and the related notes thereto and the Management s Discussion and Analysis of Financial Condition and Results of Operations section of our Annual Report on Form 10-K for the year ended December 31, 2012 and our Quarterly Report on Form 10-Q for the guarter ended June 30, 2013 incorporated by reference herein.

The statement of operations data for the years ended December 31, 2010, 2011 and 2012, and the balance sheet data as of December 31, 2010, 2011 and 2012, are derived from our audited financial statements incorporated by reference in this prospectus. The statement of operations data for the six months ended June 30, 2012 and 2013, and for the period from inception (September 4, 2002) to June 30, 2013 (required to be included since we are a development stage company) and the balance sheet data as of June 30, 2013, are derived from our unaudited financial statements and the related notes from our unaudited financial statements incorporated by reference in this prospectus. Our interim unaudited financial statements have been prepared in accordance with generally accepted accounting principles in the United States of America, or GAAP, on the same basis as the annual audited financial statements and, in the opinion of management, reflect all adjustments, consisting only of normal recurring adjustments, necessary to present a fair statement of our financial position as of June 30, 2013 and the results of our operations for the six months ended June 30, 2012 and 2013 and for the period from inception (September 4, 2002) to June 30, 2013.

Our historical results are not necessarily indicative of the results that may be expected in the future and interim results are not necessarily indicative of results to be expected for any other period or the full year. For more details on how you can obtain the documents incorporated by reference in this prospectus, see Where You Can Find More Information and Incorporation of Documents by Reference.