Miller-Rich Nancy Form 3 April 25, 2018

FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

January 31, Expires: 2005

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting

Person *

Miller-Rich Nancy

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

04/24/2018

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

INTERCEPT PHARMACEUTICALS, INC. [ICPT]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting

Form filed by More than One

Filed(Month/Day/Year)

C/O INTERCEPT PHARMACEUTICALS, INC.. 10 HUDSON YARDS. 37TH FL

(Street)

(Check all applicable)

Other

10% Owner _X_ Director Officer (give title below) (specify below)

NEW YORK, NYÂ 10001

(City) (State)

1. Title of Security

(Instr. 4)

(Zip)

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership

Form:

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial

Person

Reporting Person

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

4. 5. Ownership Conversion or Exercise Form of Price of Derivative

Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Security:

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Date Expiration Title Exercisable Date

Amount or Security Number of Shares Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Miller-Rich Nancy

C/O INTERCEPT PHARMACEUTICALS, INC. 10 HUDSON YARDS, 37TH FL

Â Â

NEW YORK, NYÂ 10001

Signatures

/s/ Ryan T. Sullivan, as attorney-in-fact

04/25/2018

**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

ÂX

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.

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