Edgar Filing: Intra-Cellular Therapies, Inc. - Form 4

Form 4	lar Therapies, Inc											
Check this box					S AND EXCHANGE COMMISSION on, D.C. 20549					OME OMB Number Expires:	287 31, 005	
In the tologer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Section 16. Section 16. SECURITIES Form 4 or Form 5 obligations 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							ed average hours per	.5				
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u></u> Alafi Christopher D			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
(Last)	Intra-Cellular Therapies, Inc. [ITC						(Check a	all applicable)				
(Last) (First) (Middle) C/O ALAFI CAPITAL COMPANY, LLC, 8 ADMIRAL DRIVE, SUITE 324			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2014				X_ DirectorX_ 10% Owner Officer (give titleOther (specify below) below)					
(Street) EMERYVILLE, CA 94608			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Та	ble I - Nor	n-Derivativ	ve Sec	urities	Acquired, Dispo	osed of, o	or Benefi	cially Owned	
1.Title of Security (Instr. 3)		ansaction Date 2A. Deemed th/Day/Year) Execution Date any (Month/Day/Y						5. Amount of Securities6.SecuritiesOwn BeneficiallyBeneficiallyForm OwnedOwnedDirect DirectFollowingor In Reported(I) Transaction(s)(Instr (Instr (Instr. 3 and 4))		t (D) lirect		
Common Stock	06/30/2014			A	1,245	A A	\$ 0	1,245	D			
Common Stock								3,542,885	Ι		eld by Alafi Ca ompany, LLC	-
Common Stock								503,753	Ι	Th an Al Ge	eld as Trustee he Moshe H. A d Margaret E. afi eneration-Skip ust (2)	Alafi

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

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.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of onDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 16.86	06/30/2014		А	20,000	06/30/2015	06/30/2024	Common Stock	20,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Alafi Christopher D C/O ALAFI CAPITAL COMPANY, LLC 8 ADMIRAL DRIVE, SUITE 324 EMERYVILLE, CA 94608	Х	Х					
Signatures							
/s/ Lawrence J. Hineline, Attorney-in-fact	07/02/2	2014					
**Signature of Reporting Person	Dat	te					

Explanation of Responses:

* 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).

- Dr. Alafi is a managing partner of Alafi Capital Company, LLC and may be deemed to beneficially own the shares held by Alafi Capital(1) Company, LLC. Dr. Alafi disclaims beneficial ownership of the securities held by Alafi Capital Company, LLC except to the extent of his pecuniary interest therein.
- (2) Dr. Alafi is the Trustee of The Moshe H. Alafi and Margaret E. Alafi Generation-Skipping Trust. Dr. Alafi disclaims beneficial ownership of the securities held by the trust except to the extent of his pecuniary interest therein, if any.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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