FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* <u>Mates Sharon</u>						2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI]								eck all applic	cable) or	10% Owr		vner
(Last) (First) (Middle) C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET						3. Date of Earliest Transaction (Month/Day/Year) 10/30/2017								below)	r (give title) iirman, Preside		Other (specify below) ent & CEO	
(Street) NEW YO			10016 (Zip)		4.1	Line) X Form									Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting on			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					action	tion 2A. Deemed Execution Date,			quired, Disposed of, or Benef 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, Code (Instr. 3)				(A) or	5. Amou Securiti Benefic	int of es ally	Form: (D) or	: Direct Indirect	7. Nature of Indirect Beneficial
					8) Code				v	Amount	(A) or (D)	Price	Reporte Transac				Ownership (Instr. 4)	
Common Stock 10			10/30)/2017	2017					18,750	A	\$1.5	1,10	1,107,457		D		
Common Stock 10/30/2)/2017			S ⁽¹⁾		18,750	D	\$15.75	,,,,,,			D				
		7	Fable II -								osed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	cution Date,		ection Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	Owners Form: Direct (or Indir (I) (Insti	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to	\$1.5	10/30/2017			M ⁽¹⁾			18,750	(3)		12/12/2017	Common Stock	0	\$0.00	0		D	

Explanation of Responses:

- 1. The option exercise and sale reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 1, 2017. The option was to expire on December 12, 2017. A majority of the proceeds from these sales will be used to cover the reporting person's tax liability arising from option exercises.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.51 to \$16.00, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, on request, full information regarding the number of shares sold at each separate price.
- 3. All shares underlying this option have vested.

Remarks:

As previously disclosed in the Issuer's prospectus supplement filed with Securities and Exchange Commission on September 27, 2017, the lock-up agreement into which the reporting person entered in connection with the Issuer's public offering of common stock that closed in October 2017 permitted the reporting person to effect the transactions reported in this Form 4.

> /s/ Lawrence J. Hineline, Attorney-in-fact

11/01/2017

** 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 Number.