FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

	Check this box if no longer subject to								
١	Section 16. Form 4 or Form 5								
J	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*  VAN NOSTRAND ROBERT L							2. Issuer Name <b>and</b> Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ ITCI ]									all app	olicable) ctor		Person(s) to Issuer		
(Last) (First) (Middle) C/O INTRA-CELLULAR THERAPIES, INC.							3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019										er (give title w)	Othe belo	r (specify w)		
430 EAST 29TH STREET							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YORK NY 10016															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	itate) (	Zip)																		
		Tabl	le I - Noi	n-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed o	f, or	Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ır)   i	Executio if any	A. Deemed kecution Date, any lonth/Day/Year)					ities Acquired (A) d Of (D) (Instr. 3, 4			Securi Benefi	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		A) or D)	Price	:	Transa	action(s) 3 and 4)		(instr. 4)		
Common Stock 12/31/									A		170		A	\$34.31		6,832		D			
		Та									sed of, onvertib				y Ov	vned					
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expirati (Month/I	on Dat		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	ount nber ires							

**Explanation of Responses:** 

Remarks:

/s/ Lawrence J. Hineline, Attorney-in-fact 01/03/2020

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.