FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     Halstead Michael					2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last)	`	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016								X Office below	er (give title Ot		er (specify ow)		
C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET					If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW YORK NY 10016												- 1	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City) (State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															_				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			Transaction Dispose Code (Instr. and 5)		ities Acqu d Of (D) (I		Securiti Benefic Owned	ies cially	6. Ownership Form: Direct (D) or Indirect (I)	of Indi Benefic	rect cial ship				
						Code	v	Amount	Amount (A) or (D)		Followi Reporte Transac (Instr. 3	ed ction(s)	(Instr. 4)	(Instr.	4)				
	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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indir (I) (Instr	of Ind Bene O) Owne ect (Instr	Beneficial Ownership			
				Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$53.63	01/04/2016			A		39,307		01/04/2017 <sup>(1)</sup>	01	/04/2026	Common Stock	39,307	\$0.00	39,307	D			
Restricted Stock Units	(2)	01/04/2016			A		9,323		01/04/2017 <sup>(3)</sup>		(3)	Common Stock	9,323	\$0.00	9,323	D			

## **Explanation of Responses:**

- 1. The Stock Option vests as to one third of the shares on January 4, 2017, one third of the shares on January 4, 2018 and one third of the shares on January 4, 2019.
- 2. Each Restricted Stock Unit represents a contingent right to receive one share of common stock, par value \$0.0001 per share, of Intra-Cellular Therapies, Inc.
- 3. The Restricted Stock Units vest as to one third of the shares on January 4, 2017, one third of the shares on January 4, 2018 and one third of the shares on January 4, 2019, subject to the reporting person's continuous service with Intra-Cellular Therapies, Inc. through each such vesting date. Vested shares will be delivered to the reporting person within three days of each such vesting date.

## Remarks:

/s/ Lawrence J. Hineline, 01/06/2016 Attorney-in-fact

\*\* 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.