FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

	OMB Number:	3235-0287
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	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>Alafi Christopher D</u>						2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
		L COMPANY,	Middle)		3. D	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2019									Office below	er (give tit v)	ie	Othe belov	r (specify v)	
8 ADMIRAL DRIVE, SUITE 324 (Street) EMERYVILLE CA 94608					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (2	Zip)																	
			e I - N					_		d, Di	sposed o			_				1.		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acqui Disposed Of (D) (In 5)		(Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		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	Transaction(s) (Instr. 3 and 4)									
Common Sto	ock			12/31/2	019				A		422	A	\$34.	31	343,	586		D		
Common Sto	ock														4,673	,270		I	Held by Alafi Capital Company, LLC ⁽¹⁾	
Common Sto	ock														503,	753		I 6	Held as Frustee of The Moshe H. Alafi and Margaret E. Alafi Generation- Skipping Frust ⁽²⁾	
Common Sto	ock														170,	000	I		Held by Christopher D Alafi Family Trust ⁽³⁾	
		Та	ble II								osed of, convertib				wned					
Security or (Instr. 3) Pri		n Date Exec e (Month/Day/Year) if any		emed 4. tion Date, Tran		ction nstr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
Explanation of	f Response	es:			Code	v	(A)	(D)	Date Exercis	sable	Expiration Date		Amount or Number of Shares							

- 1. Dr. Alafi is a managing partner of Alafi Capital Company, LLC and may be deemed to beneficially own the shares held by Alafi Capital 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.
- 3. Shireen Michele Alafi is the Trustee of the Christopher D Alafi Family Trust. Dr. Alafi disclaims beneficial ownership of the securities held by the trust except to the extent of his pecuniary interest therein, if

Remarks:

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.