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

| 1. Name and Add | • | • | 2. Issuer Name and Intra-Cellular | 0 | | | ationship of Reporting Person(s) to Issuer < all applicable) Director 10% Owner | | | |
|--|---------|-------------------|--|------------------|--------------------|---------|---|-------------|-------------|--|
| (Last) | (First) | (Middle) | - 3. Date of Earliest Tr 03/31/2017 | ansaction (Month | /Day/Year) | | Officer (give title below) | , | er (specify | |
| C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | dividual or Joint/Group Filing (Check Applicable | | | |
| | | | - | | | X | Form filed by One F | Reporting P | erson | |
| (Street) NEW YORK | NY | 10016 | _ | | | | Form filed by More 1 Person | han One F | Reporting | |
| (City) | (State) | (Zip) | | | | | | | | |
| | | Table I - Non-Der | ivative Securities A | Acquired, Dis | posed of, or Benef | icially | Owned | | | |
| | | | | | | | | | | |

| 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 Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned | Form: Direct (D) or Indirect (I) | Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|---|---------------|--------|---|--|--|
| | | | Code | v | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) |
| Common Stock | 03/31/2017 | | A | | 846 | A | \$0.00 | 6,643 | D | |
| Common Stock | | | | | | | | 47,500 | Ι | Held by the Lemer Family Trust UAD 11/14/94 ⁽¹⁾ |
| _ | | | | | | _ | a | | | |

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 | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transact Code (In 8) | | Deriv Secu Acqu (A) o Dispo of (D | vative rities ired r osed) . 3, 4 | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|---|----------------------------------|---|--|--|-------------------------------------|--------------------|---|--|----|--|----------------------------------|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Dr. Lerner may be deemed to beneficially own securities held by the Lerner Family Trust UAD 11/14/94 (the "Lerner Family Trust"). Dr. Lerner disclaims beneficial ownership of securities held by the Lerner Family Trust except to the extent of his pecuniary interest therein.

Remarks:

| | - | | | | |
|------|----------|----|---|------|-------|
| / S/ | Lawrence | J. | н | inel | line. |
| | | | | | |

04/04/2017

Attorney-in-fact

** 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.