FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse. | | | | | | | | |

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* RIGGS RORY B | | | | 2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI] | | | | | | | | | | all app Direc | tor | ng Per | rson(s) to Is | | |
|--|--|---------|-------------|---|--|--|--|--|-----------------|--------|--|---|---|--|---|--|---|--|---------|
| (Last) | (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023 | | | | | | | | | Office below | er (give title /) | | Other (s below) | specify |
| C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) NEW Y | reet) EW YORK NY 10016 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (O:t-1) | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (Sta | ate) (2 | <u>Zip)</u> | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | nded to | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exec if any | Deemed cution Date, ny nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In | | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 03/31/2 | | | | | /2023 | | | | Α | | 313 | A | \$54 | .15 78,360 | | 3,360 | | D | |
| | 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) | ivative Conversion Date urity or Exercise (Month/Day/Year) if any | | | Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5 | rities ired r osed) : 3, 4 | Expiration Day/\(\text{Month/Day/\)\(\text{A}\) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | 8. Price Derivativ Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Lawrence J. Hineline, 04/04/2023 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.