

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

**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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person* <u>Halstead Michael</u> _____ (Last) (First) (Middle) <u>C/O INTRA-CELLULAR THERAPIES, INC.</u> <u>430 EAST 29TH STREET</u> _____ (Street) <u>NEW YORK NY 10016</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>Intra-Cellular Therapies, Inc. [ ITCI ]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ <u>EVP and General Counsel</u>		
			3. Date of Earliest Transaction (Month/Day/Year) <u>03/10/2022</u>			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person _____		
			4. If Amendment, Date of Original Filed (Month/Day/Year)					

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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 Following Reported Transaction(s) (Instr. 3 and 4)	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			

**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	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 Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
<u>Stock Option (right to buy)</u>	<u>\$56.73</u>	<u>03/10/2022</u>		<u>A</u>		<u>17,916</u>		<u>(1)</u>	<u>03/09/2032</u>	<u>Common Stock</u>	<u>17,916</u>	<u>\$0.00</u>	<u>17,916</u>	<u>D</u>	
<u>Restricted Stock Units</u>	<u>(2)</u>	<u>03/10/2022</u>		<u>A</u>		<u>22,034</u>		<u>(3)</u>	<u>(3)</u>	<u>Common Stock</u>	<u>22,034</u>	<u>\$0.00</u>	<u>22,034</u>	<u>D</u>	

**Explanation of Responses:**

- On March 10, 2022, the reporting person was granted options to purchase 17,916 shares of common stock, vesting in three equal annual installments beginning on the first anniversary of the grant date.
- Each restricted stock unit represents a contingent right to receive one share of common stock.
- On March 10, 2022, the reporting person was granted 22,034 restricted stock units, vesting in three equal annual installments beginning on the first anniversary of the grant date.

**Remarks:**

/s/ Lawrence J. Hineline, 03/14/2022  
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.