## 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 Address of Reporting Person <sup>*</sup> Hineline Lawrence J.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ ITCI ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O INTRA-CELLULAR THERAPIES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016									x	Office	r (give title	iance	Other (s below)		
430 EAST 29TH STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YORK NY 10016													X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
		Tab	le I - No	on-Deriv	ative S	Sec	urities	s Ace	quired, C	)isp	osed o	f, or B	enefic	cially	Owne	d			
Date				2. Transac Date (Month/Da	Execution Date,			Date,	Transaction Dispos Code (Instr. and 5)		Dispose	ities Acq d Of (D) (			5. Amo Securit Benefic Owned	ties For cially (D) Ind		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pi	rice				tr. 4)	(Instr. 4)
			Table						uired, Dis , options,					y Owr	ned				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, surity or Exercise (Month/Day/Year) if any			n Date,	4. Transaction Code (Instr. 3) Code (Instr. 4. 5. Number of 5. Number Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			tive ties ed sed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		0 D S (I	. Price f erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)		Date Exercisable		xpiration late	Title	Amo or Num of Shar	ber					
Stock Option (right to buy)	\$53.63	01/04/2016			A		39,307		01/04/2017 <sup>(</sup>	D) 0	1/04/2026	Commor Stock	39,3	07	\$0.00	39,307	,	D	
Restricted Stock Unit	(2)	01/04/2016			Α		9,323		01/04/2017	5)	(3)	Commor Stock	9,32	23	\$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, 2016, one third of the shares on January 4, 2017 and one third of the shares on January 4, 2018, 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,
Attorney-in-fact

01/06/2016

\*\* 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.