FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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 per response.								

	tion 1(b).	nuc. See		Filed							ies Exchang mpany Act o		1934		nours	s per re	esponse:	0.5
1. Name and Address of Reporting Person* VAN NOSTRAND ROBERT L					2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI]									Relationshi	olicable)	ng Pe	erson(s) to Is	
(Last) (First) (Middle) C/O INTRA-CELLULAR THERAPIES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2021									Office below	ficer (give title elow)		Other (specify 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 YO	ORK N	Y 1	0016											X Form	filed by Mo		porting Person	
(City)	(St	ate) (2	Zip)															
		Table	I - Non-E	Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or B	enefic	ially Own	ed			
Date			Transact ate Month/Day	eay/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A Of (D) (Instr. 3,		nd Securi Benefi Owned	mount of curities neficially ned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) o (D)	r Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock		C	06/30/2	2021		A		173	A	\$40	8,446			D			
		Tal									osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, Transaction of Code (Instr. Deriva		rative rities ired r osed)	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	tive derivative ty Securities	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		Code V (A) (E		(D)	Date Exercis	sable	Expiration Date		Amount or Number of Shares									

Explanation of Responses:

Remarks:

/s/ Lawrence J. Hineline, Attorney-in-fact

07/02/2021

** 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.