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*  Alafi Christopher D					2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ ITCI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner							
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014										er (give ti	tle		er (specify		
C/O ALAFI CAPITAL COMPANY, LLC  8 ADMIRAL DRIVE, SUITE 324				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) EMERYVILLE CA 94608														Form filed by More than One Reporting Person						
(City)	(Sta	ate) (2	Zip)																	
		Tabl	eI-	Non-Deriv	ative	Sec	urities	Ac	quired	, Dis	sposed of	f, or B	enefic	cial	ly Own	ed				
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 Disposed Of (D) (Instr. 3, and 5)			Securities Beneficially Owned		s ally	f 6. Owner Form: D (D) or Indirect (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)		ion(s)	(instr	. 4)	(Instr. 4)			
Common	Stock			09/30/20	14				A		765	A	\$(	0	2,0	10		D		
Common	Common Stock														3,542	2,885		I	Held by Alafi Capital Company, LLC <sup>(1)</sup>	
Common Stock														503.	,753		I	Held as Trustee of The Moshe H. Alafi and Margaret E. Alafi Generation- Skipping Trust <sup>(2)</sup>		
		Та	ble l	II - Derivat							osed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed		4. Transa Code	4. Transaction Code (Instr.		mber ative ities red sed	6. Date Exer Expiration D (Month/Day/		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		880000000000000000000000000000000000000	. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followin Reporte Transac (Instr. 4)	ve es ally ng d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amour or Number of Shares	er							

## **Explanation of Responses:**

- 1. Dr. Alafi is a managing partner of Alafi Capital Company, LLC and may be deemed to beneficially own the shares held by Alafi Capital Company, LLC. Dr. Alafi disclaims beneficial ownership of the securities held by Alafi Capital Company, LLC except to the extent of his pecuniary interest therein.
- 2. Dr. Alafi is the Trustee of The Moshe H. Alafi and Margaret E. Alafi Generation-Skipping Trust. Dr. Alafi disclaims beneficial ownership of the securities held by the trust except to the extent of his pecuniary interest therein, if any.

/s/ Lawrence J. Hineline, 10/02/2014 Attorney-in-fact

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

<sup>\*\*</sup> Signature of Reporting Person

<sup>\*</sup> 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.