FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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* Sosland Morton I. (Last) (First) (Middle) 4801 MAIN STREET						<u>lr</u>	2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [N/A] 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2015									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify below) below)					
(Street)	SUITE 650 Street) KANSAS CITY MO 64112					4.	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 Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea						2A. Deemed Execution Date, if any (Month/Day/Year)			c	ransac ode (Ir		4. Securities Disposed Of and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										c	Code		Amount	(A) or (D)	Price	Reported Transactio			(111511.4)		. 4)
Common Stock 03/11/2					03/11/201:	5	;				P		250,000	A	\$24	2,198,554		I		Sosland Family Trust B Partnership ⁽¹⁾	
Common Stock																707,2	87	I		Sosl	id N. and st A ⁽²⁾
Common Stock																732,548		I		The Sosland Foundation ⁽³⁾	
			Та	ble	e II - Derivati (e.g., p.								posed of, convertib								
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any					4. Tra	nsact	5. Number of Of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Da Expir	te Exe	ercisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor	ties cially I ving ted action(s)	10. Owner Form: Direct or Indi (I) (Ins 4)	ship (D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Cod	Code V (A) (E			(D)	Date Exercisabl		Expiration e Date	Numb of Title Share:							

Explanation of Responses:

- 1. The reporting person is the Managing Partner of the Sosland Family Trust B Partnership and the reporting person disclaims beneficial ownership of these securities except to the extent of his one-third pecuniary interest therein, and the inclusion of these shares in this report shall not be an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.
- 2. The reporting person is the Trustee of the David N. Sosland Trust A and the reporting person disclaims beneficial ownership of these securities except to the extent of his one-third pecuniary interest therein, and the inclusion of these shares in this report shall not be an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.
- 3. The reporting person is the Vice Chairman of The Sosland Foundation, a charitable foundation, and the reporting person disclaims beneficial ownership of all of these securities, and the inclusion of these shares in this report shall not be an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.

Remarks:

<u>/s/ Morton I. Sosland</u> <u>03/12/2015</u>

** 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.