FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| washington, | D.C. | 20349 |
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| OMB AP | PROVAL |
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | or S | Section | n 30(h) | of the | Investm | ent Co | mpany Act | of 1940 | | | | | | | | |
|--|---|-----------------------------------|--|----------|-----------------|---|---------|--|-----------------|---------------------------|-----------------------|---|--|---|---|---|--|--|--|--|
| 1. Name and Address of Reporting Person* LERNER RICHARD A | | | | | | 2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>LLIU (I</u> | TT TT CT | 11111111 | | | | | | | | | | | | X | X Director 10% Own | | | | | |
| (Last) | ` | irst) (| Middle) | C. | | ate of 29/20 | | arliest Transaction (Month/Day/Year) 7 | | | | | | | Officer (give title below) | | • | Other below | (specify | |
| 430 EAS | T 29TH S | ГКЕЕТ | | | 4. If | Amer | ndment | , Date (| of Origin | al File | d (Month/Da | ay/Year) | | | Individual or Joint/Group Filing (Check Applicat | | | | | |
| (Street) NEW YC | ORK N | Y | 10016 | | | Line) X Form filed by One Reporting | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Pers | | ore tn | an One Rep | orung | |
| (City) | (5 | | Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | ative | Sec | uritie | s Ac | quirec | l, Dis | sposed o | f, or E | Benefic | cially | Owne | ed | | | | |
| Date | | | 2. Transac Date (Month/Da | | Execution Date, | | | 3. Transaction Code (Instr. 3) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ard 5) | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Price | е | Reporte Transac (Instr. 3 | tion(s) | (Instr. 4) | | | |
| Common | Stock | | | 12/29/2 | 2017 | | | | P | | 949 | A | \$14 | 1.48 | 9, | 570 | | D | | |
| Common | Stock | | | | | | | | | | | | | | 53 | ,000 | Held by the Len Family Trust UAD 11/14/9 | | | |
| | | Ta | able II - | | | | | | | | osed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Exe (Month/Day/Year) if a | 3A. Dee Execution if any (Month/I | on Date, | | I. Transaction Code (Instr. | | 5. Number of | | Exerc ion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Dr. Lerner may be deemed to beneficially own securities held by the Lerner Family Trust UAD 11/14/94 (the "Lerner Family Trust"). Dr. Lerner disclaims beneficial ownership of securities held by the Lerner Family Trust except to the extent of his pecuniary interest therein.

Remarks:

/s/ Lawrence J. Hineline, Attorney-in-fact 01/03/2018

** 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.