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 [*] Vanover Kimberly E.						2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O INT	(Last) (First) (Middle) C/O INTRA-CELLULAR THERAPIES, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/04/2016								2	below	,	Dev	Other (below) elopment	specify		
430 EAST 29TH STREET					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YORK NY 10016													1	Form f	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
		Tab	le I - N	on-Deriv	ative S	Sec	urities	s Ac	quired, [Disp	osed o	of, or B	enef	iciall	y Owne	d				
Date				2. Transac Date (Month/Da		Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Securit Benefic Owned	ties For cially (D) Ind		rect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	nt (A) or (D)		Price	Reporte Transad	Following Reported Transaction(s) (Instr. 3 and 4)		tr. 4)	(Instr. 4)	
			Table						uired, Dis , options,						vned					
1. Title of Derivative Security (Instr. 3)			on Date,	4. Transact Code (In 8)	tion of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)			ate Ex xercisable Da		Title	or Nu of	nount mber ares						
Stock Option (right to buy)	\$53.63	01/04/2016			A		19,653		01/04/2017 ⁽	1) 0	1/04/2026	Commo Stock	ⁿ 19	,653	\$0.00	19,653		D		
Restricted Stock Unit	(2)	01/04/2016			А		4,661		01/04/2017	3)	(3)	Commo Stock	ⁿ 4,	661	\$0.00	4,661		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, 2017, one third of the shares on January 4, 2018 and one third of the shares on January 4, 2019, 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.