FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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* RIGGS RORY B | | | | | 2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI] | | | | | | | | | k all app Direc | or 10% Owne | | wner | | |
|--|---|----------|--|--|---|--|--|------|-----------------|--|-----------------------|--------------------|---|--|---|--|---------------------------------------|-------------|--|
| (Last) (First) (Middle) C/O INTRA-CELLULAR THERAPIES, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2022 | | | | | | | | | Office below | er (give title | | Other (: below) | specify | |
| 430 EAST 29TH STREET (Street) NEW YORK NY 10016 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ' | | | | | | | |
| (City) | (S | rate) (Ž | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or B | enefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) 5) | | | | , 4 and Secu Bene Own | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pri | | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511. 4) | |
| Common Stock 12/30/20 | | | | 2022 | | A | | 321 | A | \$5 | 2.92 | 78,047 | |] | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date, if any (Month/Day/Year) | | ion Date, | 4. Transaction Code (Instr. 8) Securities Acquiree (A) or Dispose of (D) (Instr. 3, and 5) | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y D | 0. Dwnership orm: Irect (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | or Number of Shares | or | | | | | |

Explanation of Responses:

Remarks:

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

01/03/2023

** Signature of Reporting Person Da

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

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.

 $^{^{\}star}$ 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).