FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028									
	Estimated average burden									
- 1	hours por rosponso	. 05								

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 Section 30(h) of the Investment Company Act of 1940

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 10% Owner							
(Last) (First) (Middle) C/O ALAFI CAPITAL COMPANY, LLC					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2020							Officer (give title Other (specify below) below)						
8 ADMIRAL DRIVE, SUITE 324			4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) EMERYVILLE CA 94608					,											One Reporting Person More than One Reporting		
(City)	(Sta	ate) (Z	Zip)															
		Table	I - Non-Deriva	tive :	Securi	ties Ac	quire	d, Di	isposed of	f, or E	Benefic	ially Own	ed					
1. Title of Security (Instr. 3)		2. Transactio Date (Month/Day/\)	/ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				ed (A) or tr. 3, 4 and	Beneficial Owned Fo	i Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)			
Common	Stock		09/30/20	2020			A		613	A	\$25.6	6 345,	,836					
Common	Stock											4,743	,770	I		Held by Alafi Capital Company, LLC ⁽¹⁾		
Common	Stock											503,	753	I	H a A C S	Held as Frustee of The Moshe H. Alafi and Margaret E. Alafi Generation- Skipping Frust ⁽²⁾		
Common Stock										170,	170,000		I I	Held by Christopher O Alafi Family Trust ⁽³⁾				
		Tal	ole II - Derivat (e.g., pu						posed of, convertib				d					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any			4. 5. Numbe Transaction of Code (Instr. Derivative		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)				
				Code	v	(A) (D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares							
Explanation	n of Respons	ses:																

- 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,
- 3. Shireen Michele Alafi is the Trustee of the Christopher D Alafi Family Trust. Dr. Alafi disclaims beneficial ownership of the securities held by the trust except to the extent of his pecuniary interest therein, if any.

Remarks:

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

10/02/2020

** Signature of Reporting Person

- * 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.