Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEPT PHARMACEUTICALS INC Form 4 November 02, 2016

| FORM 4 UNITED STATES | | | | | |
|---|--|---|--|--|--|
| FURIVI 4 INSTED STATES | S SECURITIES AND EXCHANGE O | OMB APPROVAL | | | |
| UNITED STATE. | Washington, D.C. 20549 | Number: 3235-0287 | | | |
| Check this box if no longer | | | | | |
| subject to STATEMENT O Section 16. Form 4 or | F CHANGES IN BENEFICIAL OW SECURITIES | Estimated average burden hours per response 0.5 | | | |
| $\frac{\text{obligations}}{\text{may continue.}}$ Section 17(a) of the | Section 16(a) of the Securities Exchang Public Utility Holding Company Act of of the Investment Company Act of 194 | 1935 or Section | | | |
| (Print or Type Responses) | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> McMinn Rachel | 2. Issuer Name and Ticker or Trading Symbol INTERCEPT PHARMACEUTICALS INC [ICPT] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction | Director 10% Owner | | | |
| C/O INTERCEPT PHARMACEUTICALS, INC., 450 W. 15TH ST., STE. 505 | (Month/Day/Year) 10/31/2016 | X_Officer (give titleOther (specify below) below) Chief Strategy Officer | | | |
| (Street) | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| NEW YORK, NY 10011 | | Person | | | |
| (City) (State) (Zip) | Table I - Non-Derivative Securities Acq | uired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deen Execution any (Month/D | Date, if Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) | 5. Amount of Securities6.7. Nature of IndirectBeneficiallyForm:BeneficialOwnedDirect (D)OwnershipFollowing Reportedor Indirect(Instr. 4)Transaction(s)(Instr. 4) | | | |
| | or Code V Amount (D) Price | (Instr. 3 and 4) | | | |
| Common 10/31/2016 Stock | S <u>(1)</u> 129 D \$ 123.816 | ₅₅ 13,732 D | | | |

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

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 control number.

 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) | 4. Transact Code (Instr. 8) | 5. iorNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 3 | ate | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---|---------------------|--------------------|----------------|--|---|--|
| | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|------------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| McMinn Rachel C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH ST., STE. 505 NEW YORK, NY 10011 | | | Chief Strategy Officer | | | |
| Signatures | | | | | | |

/s/ Bryan Yoon, as attorney-in-fact

11/02/2016

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- Each employee of the Issuer who has received restricted stock awards has agreed to a mandatory sale of a sufficient number of shares of(1) common stock to cover his or her withholding tax amounts upon the vesting of such restricted stock awards. The sales denoted here were made pursuant to such agreement to cover withholding tax obligations of the employee.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.