

Intra-Cellular Therapies, Inc.  
 Form 3  
 September 09, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â Vanover Kimberly E.  
 (Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
 08/29/2013

3. Issuer Name and Ticker or Trading Symbol  
 Intra-Cellular Therapies, Inc. [NONE]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

C/O INTRA-CELLULAR THERAPIES, INC.,Â 3960 BROADWAY

(Street)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 VP, Clinical Development

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

NEW YORK,Â NYÂ 10032

(City) (State) (Zip)

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Date Expiration Date

Title Amount or Number of

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	04/11/2017	Common Stock	5,000	\$ 1.36	D	Â
Stock Option (right to buy)	Â (1)	12/12/2017	Common Stock	10,000	\$ 1.5	D	Â
Stock Option (right to buy)	Â (1)	12/18/2018	Common Stock	3,750	\$ 1.5	D	Â
Stock Option (right to buy)	Â (1)	06/10/2020	Common Stock	3,500	\$ 2.74	D	Â
Stock Option (right to buy)	Â (2)	12/21/2020	Common Stock	7,500	\$ 2.74	D	Â
Stock Option (right to buy)	Â (3)	04/30/2022	Common Stock	10,000	\$ 2.84	D	Â
Stock Option (right to buy)	Â (4)	05/30/2023	Common Stock	10,000	\$ 3.26	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Vanover Kimberly E. C/O INTRA-CELLULAR THERAPIES, INC. 3960 BROADWAY NEW YORK, NY 10032	Â	Â	Â VP, Clinical Development	Â

## Signatures

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

09/09/2013

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, *see* Instruction 5(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).

- (1) All shares underlying this option have vested.
- (2) The option vests as to one third of the shares on December 22, 2011, one third of the shares on December 22, 2012 and one third of the shares on December 22, 2013.
- (3) The option vests as to one third of the shares on December 20, 2012, one third of the shares on December 20, 2013 and one third of the shares on December 20, 2014.
- (4) The option vests as to one third of the shares on December 20, 2013, one third of the shares on December 20, 2014 and one third of the shares on December 20, 2015.

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.